

COMMUNITY HEALTH SURVEYS

A Practical Guide for Health Workers

5. Interviewing and Recording

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Other numbers in this series :

Number 1. Planning and Organizing

Number 2. Survey Sampling

Number 3. Using Available Information

Number 4. Questionnaire Design

Number 6. Presenting Survey Information

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INTERVIEWING AND RECORDING

**A Guide to Interviewer Training
for
Health Workers**

**Prepared for the International Epidemiological Association
in collaboration with the World Health Organization**

by

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and
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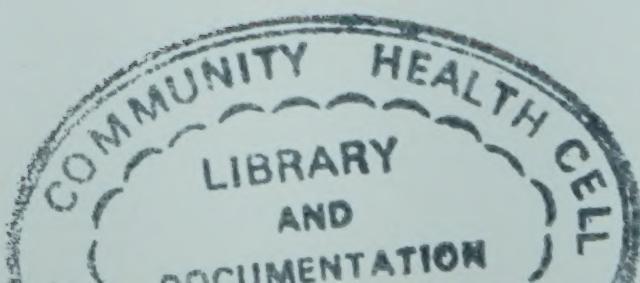
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INTERVIEWING AND RECORDING

For whom :

1. Doctors and health services personnel responsible for providing specific services at local level and who need more information to improve or develop health services in their local community.
2. Doctors and health services personnel responsible for planning, administering or providing services in larger administrative units and who in the course of their work require information that is not already available.

Aims :

To outline the principles involved in setting up a training programme for interviewers and to illustrate these principles by a practical training programme centred on a local community health and nutritional survey.

The text of this booklet is divided into two sections. The general guidelines for interviewer selection and for an interviewer training programme are given on the left hand pages. The guidelines briefly explain the essential stages of selection and of a training programme and emphasize those aspects of most importance to the conduct of a survey. By reference to a local community health study, the right hand side pages provide practical illustrations of the principles outlined on the left hand side. On the right hand pages will be found sections of a survey questionnaire with explanatory notes as would be given to trainee interviewers.

Readers may choose, depending on individual preference, to read the left and right hand pages in the usual sequence **OR** they may prefer to first read through all the general principles as given on the left hand pages and then read the right hand side for practical illustration of the application of the principles. The important exercise is, at some stage, to relate the content of the left and right hand pages.

Summary

Interviewer training is vital. Survey questionnaires will not be used correctly or to maximum effect without trained and skilled interviewers.

Surveys and interviews never stay the same. They change from one study to the next and from respondent to respondent. Professionalism, flexibility and common sense are thus essential requirements for organizers and interviewers alike.

Simple, practical guidelines, that take account of and prepare the interviewers for varying study requirements, are developed. These guidelines cover such important topics as :

1. the role and responsibilities of the interviewers
2. the selection of interviewers
3. the training programme
4. the questionnaire, its instructions and use during interviews
5. the best use of prompts, probes, pauses and interjections
6. encouraging respondent participation and co-operation
7. common interview and field difficulties and how to deal with them
8. monitoring field work progress and reporting back meetings.

Practical illustration is provided by a step-by-step dissection of a training programme for interviewers embarking upon a water supply, health and nutrition survey.

INTERVIEWING AND RECORDING

General Principles

Defining the functions of the interviewers

The functions of the interviewers, what is expected of them and the tasks they are given, vary according to the objectives and resources of the survey. The interviewers' tasks in large surveys may be restricted to finding the selected respondent in the field and then interviewing that person. The tasks are similar when the study unit* is not a person but some other entity, such as a house or farm, which the interviewer is to investigate. Smaller surveys, or instances where resources are scarce, are more likely to require the interviewer to carry out additional tasks and responsibilities, which must be clearly defined before the interviewers are recruited (employed) and full account taken when they are selected. The selected personnel must know from the start, and have clearly explained to them during their training, what their various tasks and duties are.

Three tasks, almost always expected of the interviewer, are :

1. to be responsible for finding the selected respondent (or study unit) in the field. This may also entail (require) calling back another time if the respondent is not found when the interviewer first calls (visits). The interviewer may also be expected to make suitable enquiries about the respondent's new address.

* A study unit is defined as the basic or smallest unit with which the survey is concerned and which the field workers must ultimately visit for interviewing, inspection or study.

WORKSHOP ON HEALTH SURVEYS

Introductory Speaker : Dr. L. Retlaw

**Subject : The Interviewer as the vital link between
Planning and Execution**

Dr. Retlaw referred to the neglect of interviewer training in many surveys. Such neglect, a most serious omission in his view, stemmed from the erroneous impression that «we all know how to speak to people and how to ask questions». Unfortunately, it is just not true; ordinary conversation between friends or working colleagues is not at all like a survey interview.

The interview is a means of collecting information from persons unknown to the interviewer. Moreover, the interview is almost completely determined by the questions asked, of whom and under what circumstances. The person the interviewer should visit and to whom she should speak at what time of day, and in what area, is jointly determined by the survey objectives and the sampling scheme. What the interviewer will say and ask, what she is to emphasise and stress and, in general, how the interview should proceed, depends on the questionnaire and the instructions given to the interviewer. A simple graph displays the inter-relationship :

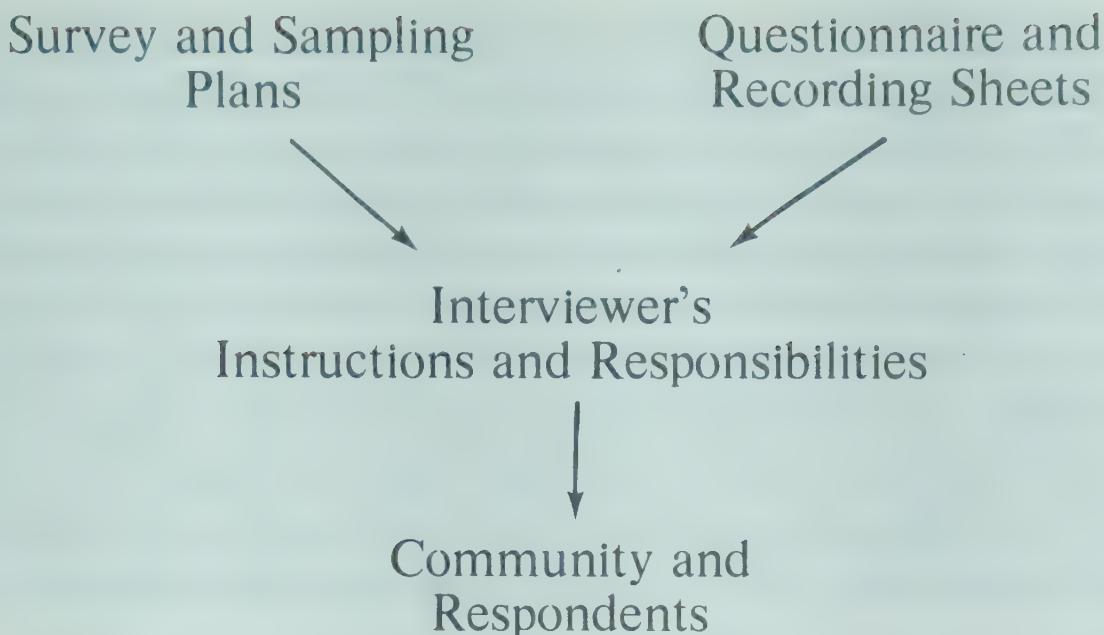
2. to be responsible for collecting the information and recording it neatly on the questionnaire. Additionally the interviewer may be asked to inspect and record facts and impressions gained during her* visit to the respondent or study unit.
3. to report back regularly to the survey organizer with the completed questionnaires so that they can be read and checked. At such «reporting back» meetings, problems encountered in the field can be discussed and new or additional instructions given to the interviewer on how to cope (deal) with the difficulties.

The above three responsibilities are not simple. They have to be carried out conscientiously and with skill which does not come of its own accord; it results from, and requires, careful training.

There are several other aspects of the survey with which interviewers can be asked to help. The two most common are :

- (1) coding
- (2) data extraction.

* Interviewers and respondents can be either men or women but for simplicity of writing, we assume they are women. For convenience, the survey organizer is assumed to be a man although the organizer could just as easily be a woman.



From the above it follows that the type of interviewer required, or that is likely to become available to the study, must be kept clearly in mind even during the early planning stages and also whilst designing the questionnaire.

Once the survey plans and the questionnaire are more or less firm, then the responsibilities and duties of the interviewers are likewise known. Indeed, the survey plans and the questionnaire determine not only the type of interviewer to be selected, but also what skills are needed and what the training programme should be. The interviewer training programme, at its most basic level, is a programme to teach the interviewers three things :

1. the rules for finding the respondents as laid down by the sampling plan.
2. how to approach, encourage and persuade the respondent to participate in the study.
3. how to use the questionnaire skilfully and effectively, exactly as instructed, in order to obtain complete and accurate information from the respondents.

Open Questions cannot be analysed statistically unless they are first expressed in coded form*. After the survey questions have been coded, it then becomes necessary to extract and tabulate (count responses and set out as tables) the data from the completed questionnaires. Interviewers can be asked to do this type of work after the field work has been completed. As there is a danger that interviewers will be influenced if they handle their own questionnaires, they should not be asked to code, or extract data from, their own interview forms. If the survey only employs a single interviewer then she should preferably not be asked to do this type of work.

Selecting the interviewer

The organizer should know the characteristics and qualifications he is looking for when choosing the interviewers, even if he has only a limited amount of choice. When lack of funds or other circumstances compel him to select interviewers from amongst his own staff, he will still make a better selection if he is clear as to the type of person needed. Three important factors influence the choice of interviewer :

- (1) **the kind of respondent with which the survey is concerned**, e.g. farm workers, professional persons, persons with certain illnesses or disabilities, mothers, and so on;
- (2) **the type of information to be collected**, e.g. about nutrition, housing, working conditions, response to treatment or surgery, prevalence of certain illnesses or disabilities and child care etc.

* The coding of open questions and the extraction of data will be discussed in the sixth booklet «Presenting Survey Information».

The third of these three tasks is usually the most difficult and requires the longest training. The relationship is very close between what is printed on the questionnaire, and the reading and speaking of its contents to the respondent. A poorly designed questionnaire cannot be materially improved by a skilful interviewer. The converse is equally true; the best designed questionnaire will fail if the interviewer's training has not taught him or her to administer (use) it properly and with skill. By the time the field work starts, the questionnaire and interviewer should be inextricably (inseparably) linked as a single means of obtaining and recording information.

The programme or training scheme, cannot therefore be fully understood and appreciated without some knowledge of the aims of the study, the sampling plan and most particularly, the questionnaire that is being used. For these reasons Dr. Ashma will start his talk by first reminding us of his survey plans before delving into the training programme itself.

(3) **the environment and conditions under which the field work is done**, e.g. the distance between selected study units, the availability of transport, whether the interviewer needs to stay in the area overnight, and so on.

Consideration of the above aspects will decide whether the interviewers should be men or women, young or old, be mature persons and well educated, have medical or nursing experience, or possess some other important qualification and training. For instance, if the survey focuses (concentrates) on pregnancy and child birth, then female nurses, midwives or mothers will generally be preferred. Once the essential interviewer characteristics have been decided upon, there remain many other attributes that need consideration. Although the organizer cannot expect to find the perfect interviewer who possesses all of the desired characteristics, it is important for him to be clear what the ideal interviewer should be, thereby enabling the organizer to look for personnel having many of the desirable attributes.

SPEAKER : Dr. J. Ashma.

SUBJECT : «Interviewer Training»

Dr. Ashma said that a workshop was not the occasion for an abstract lecture; he would speak only about the practical aspects of interviewer training. He reminded us that the community serviced by his own Health Centre consisted of 36 small to medium sized villages, all some distance apart and two very small towns which some would call outsized villages, in the larger of which the Health Centre was situated*

The main aims of his survey were to :

- (i) obtain information on the community's water supply
- (ii) obtain a general picture of the diet of the community, but not in great depth
- (iii) obtain some general demographic and health information; the only condition of major interest in his survey was diarrhoea in young children
- (iv) obtain some better information on the roads and transport that link the villages to the Health Centre.

Many of the villages were remote, resulting in only eighteen being randomly chosen to be in the sample. The interviewer was to arrange her visit to coincide with the preparations for the main meal so that the method of preparation and general food hygiene could be observed. An interviewer could therefore visit only one family each day. The survey continued for a year in order to study a full twelve month cy-

* For a fuller discussion of Dr. Ashma's survey, see booklet 1 : «Planning and Organizing».

Important factors

1. The interviewer's knowledge of the local language must be sufficient for her to conduct an easy flowing conversation; she must be able to understand differences in accent and speech and she should be familiar with the colloquial (common) terms and expressions used in the area.
2. Special qualifications or technical skills are sometimes needed. Some surveys require the examination of the patient, the taking of environmental measurements or the performance of some other skilled task. The appointed interviewers should, for such studies, be suitably qualified or be capable of being trained in the necessary skills.
3. The interviewer should be familiar with the type and class of person being surveyed and she should feel comfortable and at her ease when speaking to them. She should have some knowledge of local customs and beliefs as well as an understanding of the more common problems and needs of the area.
4. The interviewer should be familiar with the area, city or region in which the survey is to be done. Unfamiliarity will add to the «travel» time in going from one interview to the next and so considerably increase costs. Where a car is necessary, can the interviewer drive ?
5. The interviewer should be able to go visiting at times best suited to the needs of the study. This may involve evening and week-end* visits as would often be the case where interviews are required with the working members of the family.

* Including the religious day of rest which is a Friday or a Sunday in many countries.

cle of diet, water pollution and diarrhoea. Lack of resources restricted the survey to a sample of 288 families and the interviewers had, of necessity, to be chosen from his own nursing staff. The limited financial support received was sufficient to permit the employment of a medical student for a few months and also cover the cost of sending the water samples for analysis as well as pay for some miscellaneous items.

Dr Ashma had previously spoken to the village elders in order to obtain their goodwill and co-operation. He explained the purpose of the survey and obtained their agreement for his nurses to visit and interview a sample of families. The village elders also arranged, prior to the first interview visit, some assistance for the nurses to help them enumerate (count) the number of separate households in each of the survey villages.

There were four requirements the interviewers should meet; they should :

- (i) be literate and used to speaking to people;
- (ii) be familiar with the geography of the area and with such roads and transport as exist;
- (iii) be familiar with the local dialects and culture;
- (iv) have a pleasant personality that would quickly persuade people to co-operate with them.

His three nurses met the first three requirements; all had been in the district for some years and had been out on immunization campaigns as well as having been responsible for visits to sick families. Although his nurses were very pleasant, he was not convinced they fully met the fourth condition, a suspicion that later experience confirmed. A sick person, whether seen at the Health Centre or visited at home, is seeking help and relief and in that situation the nurse is a person in authority. Also, a nurse is nearly always hard pressed (busy) with little time to be over-friendly and persuasive. However, Dr Ashma had only limited choice when selecting interviewers and it was left to the training sessions to make them aware not to adopt an authoritative attitude.

6. The interviewer's convictions and interests are also of importance. Persons who are too deeply involved with the subject or problem being studied may not always be the right type of interviewers. As an example, a person who has been actively campaigning for better housing conditions or safety measures in industry may find it difficult to resist influencing the respondent on questions about housing or safety measures. A general interest in a study is desirable, but not an over-enthusiastic commitment to a particular aspect of the survey.

The above factors are all imposed by the type of survey being planned and the environmental conditions existing in the field. However, there are also other important factors that are relevant when the interviewer and respondent are speaking to each other. In the interview situation the personality, speech and mannerisms of the interviewer are important and because of this the following personal traits need to be considered :

- (i) Personality
- (ii) Appearance
- (iii) Speech and mannerisms
- (iv) Temperament
- (v) Willingness to adhere to instructions
- (vi) Discretion
- (vii) Legible handwriting.

The reasons for stressing these characteristics are :

1. **Personality** : It is important for the interviewer to have the kind of personality that easily gains peoples' confidence and co-operation. A superior attitude or condescending manner can adversely affect the respondent's willingness to participate and may also lessen her willingness to give careful and truthful answers.

The plan was to cover the training sessions in about 26 hours, spread over two weeks and including several hours for practice interviews between the interviewers, himself and such other staff members who could be persuaded to join in. Very simple instruction sheets and a draft of the questionnaire were given to the nurses at the start of the first training session. A time table, listing the topics to be covered, was drawn up beforehand and proved particularly useful in preventing the sessions drifting into detailed discussions as to «what might happen», when in fact it was important to concentrate on the really major aspects of interviewing. Spreading the training sessions over two weeks ensured that the work of the Health Centre was not interrupted too much, and also gave the interviewers time to absorb the training material. The time table, a copy of which was given to each trainee, was as follows :

Interviewer Training Schedule

Time	Subject for Discussion and Training
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Monday

12.00-1.00.	Preliminary Meeting : General introduction; Counting households; Transport arrangements; Survey aims and basic design; Locating the families; Handout of questionnaire and brief notes.
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Tuesday

12.00-1.00.	Role and Tasks of Interviewer.
2.00-3.00.	The Structure of the Questionnaire.
3.15-4.15.	Discussion on Starting the Interview : Contacting the required respondent; Informing the respondent about the survey; Gaining the respondent's interest and co-operation.

2. **Appearance** : Appearance is important because it can instantly reveal whether or not the interviewer belongs to the same, or related, community as does the respondent. A well dressed interviewer is clearly «different» from the roughly dressed farm workers to whom she may be speaking. Whether or not this matters depends on the type of questions she is asking. In multi-racial countries there often exists some friction between the communities, perhaps more so if, in addition to cultural differences, there are also differing skin colours; again this needs to be considered in the selection of interviewers.
3. **Speech and mannerisms** : The way a person speaks can have considerable effect upon the rapport (mutual sympathy) between respondent and interviewer. Factors of which to be aware include facial expressions, language fluency, a speech impairment such as a stammer, clarity of speech and diction (pronunciation) as well as loudness. A commanding personality or imperious voice, a soft indistinct speech or an unfamiliar accent (dialect) are all factors that can affect the rapport between interviewer and respondent.
4. **Temperament** : Some people become impatient, irritated or angry much more readily than do others. Some find it more difficult to deal with an unwilling respondent and are less sure how to react to rudeness or a refusal to co-operate. A calm, but firm and logical (sound thinking) person, someone who does not easily react and respond to someone else's irritability or bad manners, is clearly better able to manage awkward (difficult) interviews. Someone who over-reacts or becomes impatient and angry with the respondent, even if she may have cause to do so, is not so well suited. Few difficult interviews occur in practice, but the interviewer should be the kind of person who can deal with them sensibly and successfully when they do arise.

Wednesday

1.00-2.00. **Practical Session :**
Interviewing the right respondent;
Speaking/reading the introduction.

2.15-3.15. **Basic Questionnaire Instructions :**
Prompts; Probes;
Jumps; Pauses.

4.00-5.00. **The Section on Water :**
Discussion of the questions;
Recording categories.

Thursday

10.00-11.00. **Inspection of Source and Storage of Water :**
Correct use of Questionnaire and Water Inspection Form;
Timing distance to source;
Method of taking water sample.

2.00-3.00. **Practical Session :**
Speaking/reading the questions on water during the family interview.

3.15-4.15. **Practical Session :**
Recording on the Water Inspection Form and Family Interview Questionnaire.

Saturday

11.00-12.00. **Discussion on Household Composition.**

1.00-2.00. **Practical Session :**
Speaking/reading the questions on household composition and related information.

2.15-3.15. **Practical Session :**
Recording household composition and related information.

5. **Adhere to instructions :** Once the survey starts, it becomes difficult to continue close supervision of the interviewers. Many guidelines and firm instructions will have been given to the interviewers before they start and the survey organizers must rely on them abiding by these instructions. The need for the interviewers to **read the questions** to the respondents is of particular importance, thereby ensuring that every respondent is asked **exactly the same question in the same way** using the same words at the same place in the questionnaire. Once the interviewer becomes familiar with the questionnaire, she may be tempted not to read the questions, but to speak from memory; a procedure to be avoided as it is sure to lead to the questions being asked in different ways.
6. **Discretion :** The interviewer must be a discreet person i.e. someone who is cautious in speech and action, and will not talk to others about the people she meets and the things they tell her. Respondents would be embarrassed if the interviewers were to gossip about things which they hear and see whilst interviewing.
7. **Neat and readable handwriting :** This too is important because later, at the end of the field work, it must be possible to read the questionnaires without error or difficulty. Poor, illegible handwriting takes much longer to decipher (read) and will introduce avoidable errors into the survey data.

Monday

10.00-11.00. Discussion of the Questions on Health.

12.30-1.30. Practical Session :

Speaking/reading the health questions;
Recording the health information.

2.00-2.45. Discussion of the Diet Questions.

3.00-4.00. Practical Session :

Speaking/reading the diet questions;
Recording diet information.

Tuesday

12.00-1.00. The Food Preparation Form :

Discussion of purpose and definitions used;
Demonstration of the meaning of «good», «very good», «average» and «poor» in relation to food preparation practice.

2.00-3.00. Review the Questionnaires :

Revision of :

- (i) Starting the interview;
- (ii) Instructions relating to pre-question information;
- (iii) Prompts, probes, jumps, pauses.

3.30-5.00. Practical Session :

Full length trial interviews with colleagues/organizer.

Wednesday

12.00-1.00. Discussion of «Attitudes»:

Attitude of interviewer to respondent;
Likely attitudes of respondent to interviewer.

2.00-3.00. Common Difficulties :

What to do if :

- (i) Household or respondent not found;
- (ii) Refusal to participate;
- (iii) Other common difficulties.

Training the Interviewer

A. The Need for Training

Training the interviewers is as important as designing the questionnaire*; the two processes must be planned in conjunction (together). There persists the mistaken belief that people who normally deal with the public, such as doctors and nurses**, will naturally make good interviewers. Students are sometimes thought to be good interviewers because of their education, but this too is often erroneous (wrong).

A nurse or doctor, who is used to being in a position of authority in relation to his patients, may bring to bear a similar sense of authority during an interview and this would be quite wrong. A young student, with his inexperience of life and its problems and his sense of being better educated than the respondent, may exude (show) an attitude that will lessen the respondent's willingness to co-operate. Good handwriting, a pleasant manner and a clear way of speaking are personal characteristics not possessed by everyone. Training can teach those willing to learn, how to acquire these characteristics.

Interviewers require training for each new study in which they become involved even though they may have had previous experience of interviewing. Methods and instructions for each survey will change according to the type of community studied, the kind of data collected and the particular questionnaire in use. Each survey therefore requires its own interviewer training programme.

* The crucial importance of questionnaire design is explained in the fourth booklet in this series : «Questionnaire Design».

** If patients are to be examined, it may be necessary to recruit the interviewers from the medical or nursing professions. However, the choice should still fall on those doctors and nurses who also have the characteristics already described.

Thursday

1.00-2.00. **Practical Session :**

Full length trial interview (with person unconnected with the study).

2.15-3.15. **Discussion**

Experience/difficulties with :

- (i) Reading questionnaire and facing respondent
- (ii) Interviewer instructions.

3.30-4.30. **Final Review :**

Role of interviewer;

Checking questionnaires;

Arrangements for Pilot Survey interviews;

Reporting Back meetings.

Attention was drawn to three points in the time table :

- (i) the times were chosen so as not to disturb unduly the existing Health Clinic arrangements.
- (ii) sessions were staggered (separated) so as to leave at least fifteen minutes between sessions and, if possible, not to have more than three sessions on the same day.
- (iii) some of the earlier sessions concentrated on the more difficult questionnaire sections which each trainee was expected to cover in practice interviews.

All sessions were designed so that «teaching», i.e. lecturing to the nurses, seldom exceeded forty five minutes. The rest of the time was given either to a discussion of the material covered in the session or to some practical aspect of a «mock» interview. A few of the practical sessions went on for one and a half hours but the interviewers did not find them too long.

B. Training preparations

A programme of training has to be thought out well in advance and the teaching material for the trainee interviewers should be ready before the training commences. The essential training material should always consist of :

1. A short, simple summary of the survey, including the aims and objectives of the study as well as a description of the population and community.
2. A copy of the questionnaire, not necessarily the final draft.
3. Brief notes outlining what the interviewer is to say when she first meets the respondent. In most surveys the notes are printed on the questionnaire and the interviewer is expected to read them out to the respondent.
4. Any other typed or printed material thought to be relevant, such as a map of the survey area. Such material may also include instructions on how to locate the respondent, details of bus and train services where it is appropriate, what to do when the respondent is not at home or has moved away, and so on. The interviewers should be asked to retain this material so that they can refer back to it when necessary.

The hand-outs (survey information, maps, questionnaire and any other typed material) may be given to the interviewers before the formal training starts, thereby giving them time to study the questionnaire and raise any general queries about the survey when the organizer begins his talks. The hand-out material will be discussed with, and fully explained to, the interviewers during a series of talks by the survey organizer. A lesson (talk) of this kind should be carefully prepared beforehand, should cover just a few topics at a time and last for no more than 3/4 of an hour. It is a serious mistake to cover too many aspects in a single teaching session.

The Mock and Pilot Interviews and «Reporting-Back» Meetings

The «mock» interviews were «interviews» held between the trainee, the organizer or anyone else they could persuade to take the part of the «respondent». The mock interviews served two main functions :

- (i) to familiarise the interviewer with the questionnaire. Just reading a proforma (questionnaire) is not enough to teach interviewers how to use it. There is no substitute for actually asking someone the questions as set out in the questionnaire.
- (ii) to allow the organizer to listen to and watch the trainee interviewer practice using the questionnaire. He could then comment on the way it was done, point out any mistakes and advise how the trainee might improve her interviewing method.

Looking back Dr Ashma was pleased he had set aside so much time for interviewer training. So much depended on the interviewer doing a really good job, that the extra time and effort was fully justified.

In retrospect (hindsight) Dr Ashma would now make more use of hospital visitors to act as «respondents» during practice interviews. Some of the visitors were not very different from those who would be interviewed during the real survey. Visitors to the patients were readily available and they were willing to help; to them it was an interesting change.

In addition to the mock interview each interviewer also visited three families during the pilot study. At the pilot study interviews, the trainees gained valuable experience and confidence by having to find their allocated families and then persuade the «right» respondent to come forward and agree to the interview.

Basically, a training programme is a short, intensive teaching programme during which the interviewers are taught what their tasks are, how they are to do them and how to cope with likely difficulties. The same preparations are needed whether the training is for many interviewers or for only one or two.

The Training Programme

The training programme develops through several distinct stages, each aiming at specific training objectives. The order in which the stages are done, and the teaching and training given at the different stages, will vary with each survey. The following sequence will usually apply and can be taken as a guideline which the survey planner can change to suit his purpose.

Stage I : Inform the interviewer of the purpose and objectives of the survey; explain the role of the interviewers and so motivate them by arousing their personal interest in the study.

Stage II : Outline the interviewer's duties and responsibilities, thereby increasing the interviewer's understanding of the part she is to play.

Stage III : Explain how the interviewer is to locate (find) her allocated respondents, how to use any maps and address lists and provide information on the transport arrangements, if required. At this stage, it must be emphasized strongly that the interviewer is only to visit and interview those respondents whose addresses she has been given. There is to be no substitution by other respondents or study units.

Permission to conduct the interview during the mid-day lunch preparations was not always readily granted; some explanation was often needed before the respondents agreed. Despite all the warnings, the nurses forgot to check their questionnaire, and at the practice «Reporting-Back» meeting quite a few omissions and mistakes were found. Had the nurses checked their questionnaires as instructed, they would have found many of the errors themselves. To avoid the oversight in the real survey, an instruction to check the questionnaire was added to the final proforma (questionnaire).

At the last training session the nurses were told of Dr. Ashma's intention to visit a few of the families **after** the nurses had already interviewed them. At this short, six minute, «follow-up» interview, a few additional questions would be asked and a few of the questions in the Family Interview Questionnaire would be asked a second time. Dr. Ashma justified the need for the follow-up interviews on the grounds that he needed to see how the community responded to the survey interview. If future surveys were to be done, it was necessary to ensure that the way in which information was collected during the present study was sufficiently accurate to be worth collecting and that the survey methods used were acceptable to the population.

To illustrate the points made during the training sessions, Dr. Ashma thought it easiest to go through the «Family Interview Questionnaire»*, the «Water Inspection Form»* and the «Food Preparation Form»* with the members of the Workshop and outline the kind of comments made during the teaching sessions. However, he would change the order in which he dealt with the three forms. During the actual survey, the Family Interview Questionnaire came first, then the Food Preparation Form and lastly the Water Inspection Form, but for the purpose of the Workshop, it was easiest to start with the Water Inspection Form.

* These three questionnaires are given in full in the Appendix; readers may wish to examine them before continuing.

Stage IV : Train the interviewer how to use the questionnaire and conduct the actual interview. This is the longest and most intensive part of the training and will include «mock» practice interviews and preferably a pilot study exercise as well.

Stage V : Discuss some possible difficulties that may be encountered such as :

- (i) a nervous or reluctant respondent
- (ii) embarrassing questions to be asked
- (iii) a distracting environment or interference by others present.

Stage VI : Discuss interview checks and arrangements for returning the questionnaires as well as other miscellaneous aspects of the survey. Practice* or «mock» interviews and the pilot study should be briefly discussed. Coding and data extraction, if part of the interviewers' functions, are more usually left for detailed discussion until after the field work is complete.

* Practice or mock interviews are organized as part of the interviewer's training; they are also meant to test the draft questionnaire. During a mock interview the person acting as «respondent» can be anyone willing to answer the questionnaire. «Respondents» can be fellow workers, neighbours or hospital visitors.

Water Inspection Form

1

Town/Village: Ipitimbi

Date: 10 July

Time starting: 1-16

Time arriving: 1-24

Time to walk
to source: 8 min

Survey
Number

0 2 7 1

2

Main Current Source of Water:

Well

Stream/river

Spring

Stand Pipe/
Piped Water

Enclosed
Pump

3

4

Water Inspection Form

Explanations, Comments and Instructions to the Interviewers

1. The name of the village was filled in before the questionnaire was handed to the interviewer.
2. The survey number was likewise filled in before the interviewer set out for her interview. The survey number is identical on all three questionnaires that pertain to a particular family, i.e. the Water Inspection Form, the Family Interview Questionnaire and the Food Preparation Form, all have the same survey number. Not every number requires all the boxes provided; in this case the number is written into the right hand boxes and any empty boxes to the left of the number have a zero written into them, as in the above example. Some questionnaires have the survey number shown on every page making it easy to re-assemble the pages should they come adrift (apart).
3. Interviewers were instructed to place the «tick», indicating the type of source, very clearly and firmly into the appropriate box.
4. Each nurse was instructed to have a reliable watch with her when interviewing. The time of the start of the walk from the family home to the source was noted as well as the time of arrival at the source; the time taken would provide a practical measure of the distance. Walking was to be done at an ordinary, comfortable pace.

Some General Comments on Interviewer Training.

No two surveys being the same, the duties and requirements of the interviewers will change with each study. Nevertheless, four points are particularly worth stressing :

- (i) the importance of letting the interviewers know the main purpose and procedures of the study. No interviewer can be expected to be enthusiastic, or able to deal with unexpected problems in the field, if she does not know why the survey is being done and what is expected of her.
- (ii) the fact that the interviewer may be asked by respondents why the survey is being done, why they have been chosen and what will be done with the information collected. The interviewer cannot give sensible, reassuring answers if she herself is ignorant of the survey objectives. Unless she can give satisfactory answers to these questions, the respondent may lose interest.
- (iii) that respondents are «volunteers». Respondents cannot be forced to participate. They can only be persuaded to answer questions by the way in which the interviewer speaks to them. Even in surveys where respondents have been written to beforehand about the study and know when the interviewer is coming, the respondents may still decline to participate if the time of the visit is inconvenient or the study is of no interest to them. It is up to the interviewer, by her manner and approach, to persuade respondents to agree to answer the survey questions. Nevertheless, the interviewer's persuasion should not become too pressing. A respondent's firm and definite refusal should be recognised and accepted; to ignore a firm refusal may cause anger and resentment. Moreover, information from a very reluctant respondent may be of poor quality and therefore hardly worth having.

Was the Source Inspected?:

5

Yes

No

If 'No', state reasons under comments and sign

6

1. Refuse near source?

Yes

No

5. Is water discoloured?

Yes

No

2. Animals close to source?

7 → Yes

No

6. Does water smell?

Yes

No

3. Sewerage near source?

Yes

No

7. Floating/submerged debris?

Yes

No

4. Trees/Vegetation overhanging?

Yes

No

8. Sample of water taken?

Yes

No

Comments: Supply seems adequate

Name of Interviewer:

Fatimba

Explanations, Comments and Instructions (continued)

5./6. The boxed «jump instruction» applies if the source is not inspected for some reason. In such instances the interviewer must record the reason for not inspecting the water supply.

7. The appropriate box had to be ticked for each question, if the source had been inspected. To omit «ticking» against a question, was an error and would need to be explained at the next Reporting Back session.

Note :

Intermediate categories were not allowed in these questions; each had to be answered as a definite «yes» or «no». For example, a «slight smell» was recorded as a «yes». The meaning of such terms as refuse, sewerage, discoloured and smell was explained to the interviewers by example and some photographs of situations that would warrant a «yes» answer.

(iv) the interviewer needs to be **thoroughly** familiar with the questionnaire, the things she is to say and the sequence in which the questions, pauses, prompts and probes are to be put. Few things are more annoying (upsetting) to a respondent than to have an interview which is hesitant, disorganized or confused because the interviewer is unfamiliar with the interview schedule (questionnaire) and the procedures. Despite her familiarity with the questionnaire, the interviewer must be discouraged from memorising the actual questions, as this will usually lead to the questions being asked differently from the way intended.

Family Interview Questionnaire

Name of Town/Village: ...*Ipitimbi*...



Name of Family: ...*Xlumba*..... Date of Visit:*10 July*



Address/Other Identification:*Third hut on right past school house; see map*.....

Interviewer's Opening Remarks



Good Morning

Fatimba

- (a) I am from the Health Centre. Dr. Ashma, who is in charge of the Health Centre has discussed with your community leaders the need to know more about the water supply and the health of the community; they have agreed that I visit your family.
- (b) I would like to speak to the woman in this household who does a lot of the cooking.

Do you do a lot of the cooking?



Family Interview Questionnaire

Explanations, Comments and Instructions to the Interviewers

1. The family identification, i.e. their name and address, was filled in at the Health Centre **before** being handed to the interviewer.
2. On this page, the date of visit is only required for administrative and organizational purposes to make sure the nurse named is able to interview that day.
3. This is the initial introduction with which to start the interview; a very brief explanation for the visit is given.
4. Asking for the type of respondent required. Note that the answer is not recorded as «Yes» or «No» because the question only serves to put the interviewer in touch with the right type of respondent.

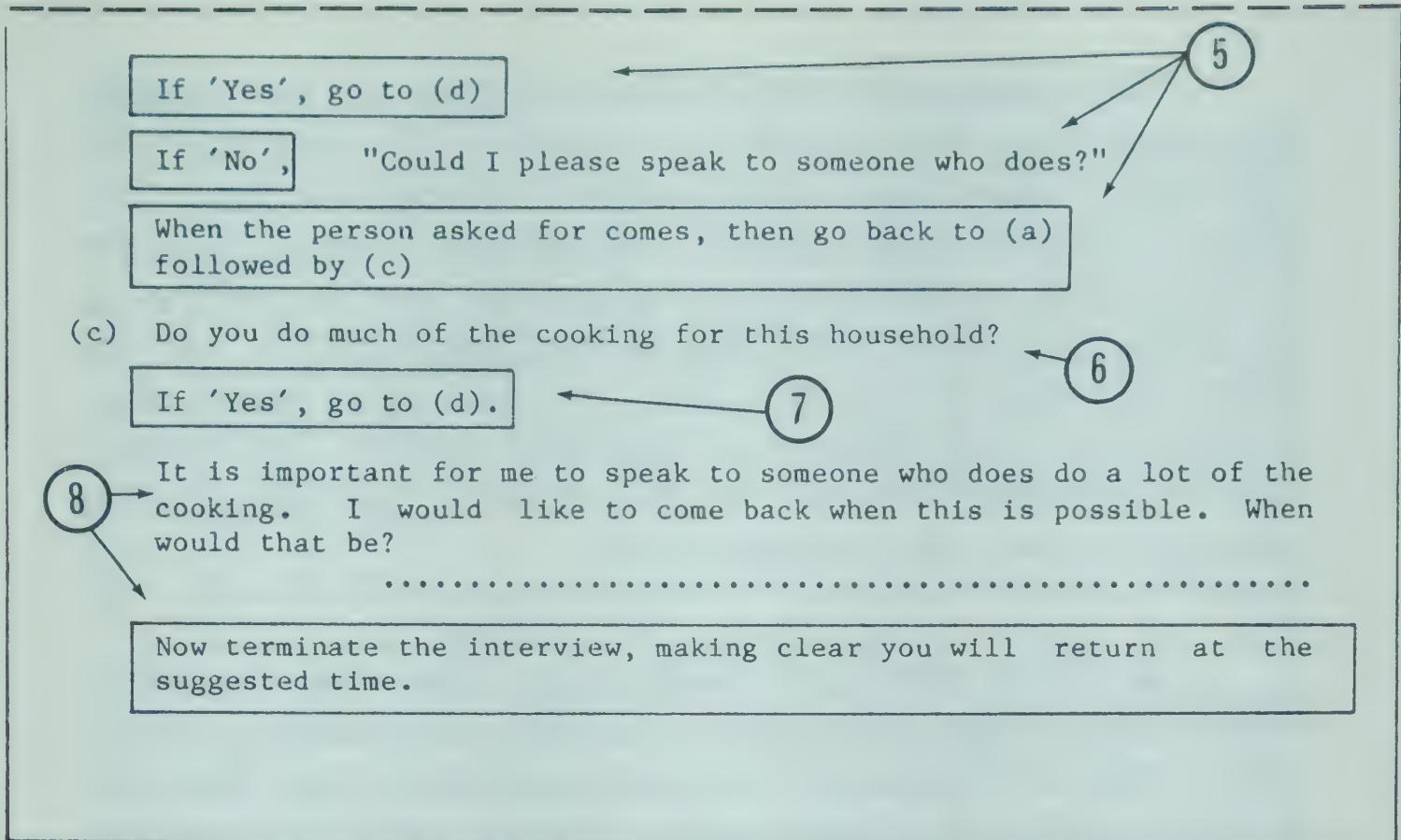
Conducting the Interview.

1. Basic Training in how to Start the Interview

Most interviews should start with the interviewer introducing herself by name and stating the name of the organization for which she is working and the reasons for her visit. She should then ask for the required respondent before briefly explaining the purpose of the study and asking the respondent to agree to answer some questions. The introductory remarks should indicate the length of the interview and give assurances that the information will be kept confidential. The importance and value of the respondent's participation should also be stressed.

The introductory remarks should be brief, pleasant and «requesting», i.e. the interviewer must not give the impression she is demanding an interview. During this stage, as throughout the whole interview, the interviewer's attitude must be friendly but not too familiar or, even worse, superior or disdaining.

If, having heard the opening remarks, the respondent asks some questions or shows signs of needing more persuasion to participate in the study, then the interviewer will have to use her own persuasive skills to gain the respondent's confidence, interest and participation, but still remain within the guidelines given. However, it is impossible to train interviewers how to deal with every possible situation. The success of the initial contact therefore depends on the interviewer's natural ability to create a favourable impression and gain co-operation.



Explanations, Comments and Instructions (continued)

5. These are a series of conditional instructions to ensure that the right type of respondent meets the interviewer. Here, as throughout the questionnaire, text within a box is an instruction to the interviewer and is not read out to the respondent.
6. If the first person spoken to is not the right kind of respondent (i.e. someone much involved in the cooking for the household) then this question is put to the next person called to see the interviewer. Note that the answer, «Yes» or «No» is not recorded because the question only serves to put the interviewer in touch with the right person.
7. A conditional instruction to proceed to (d) if the right kind of person is now speaking to the interviewer.
8. This section deals with the situation where a suitable respondent is not available at the time. The respondent is to make arrangements to call back at a more suitable time and then to terminate the visit.

The introductory interview procedure can be varied by the survey organizer to suit the purpose of his own study. In the case of interviews carried out in a hospital or clinic, the interviewer is often the doctor or nurse who is already known to the patient, so that some of the introductory remarks such as giving her name and that of her organization, can be shortened; even in this situation, it is best to give some information as to the identity of the interviewer. The patient should definitely be given the reasons why he or she is being asked to answer the questionnaire.

A slightly awkward situation can arise when the interviewer is given an address and a definite respondent to interview, such as the head of household, or the mother. The person first answering the door may, of course, not be the person required for the interview. The interviewer will start as described above, but will soon ask the person if he/she is the «respondent» required; if not, she politely asks to speak to the required person. When the person called for appears, it is then necessary to :

- (1) confirm that the person really is the required respondent*
- (2) repeat all the introductory remarks and give the reasons for the study
- (3) request the respondent to participate.

* If the person is still not the right one, then a rule has to be given whether to continue with the interview with that person or to follow some other course of action.

Note :

- (1) Dr. Ashma decided that the person(s) who were most likely to have the information required on water, food and family health would be the women most actively involved in running the domestic affairs of the household, i.e. the preparation of food and cooking. Every effort was made to speak to such a person thereby ensuring, as far as was possible, that reliable and complete information was obtained.
- (2) Special attention was drawn to the fact that the first page of the questionnaire, having the family name and address, does **not** have the survey number on it. The survey number first appears on the second page, allowing the first page to be removed after the interview and stored (locked away) separately from the rest of the questionnaire. The first page contains no recorded information and is therefore not needed for the later analysis of the results which may involve assistants who have no need to know who this family was. In this way the confidentiality of the results is assured.

2. Arranging the Interview Environment and Creating the Right Atmosphere.

Although short interviews can be conducted (carried out) on the doorstep, it is not, in general, a suitable environment for a serious interview. Most interviews should preferably be conducted with the respondent alone in a room or place offering reasonable comfort, and away from disturbance. One way of achieving this is for the interviewer to suggest they sit in a quiet corner inside the house or in the garden. The respondent need not be discouraged from doing simple tasks, such as sewing, that do not distract from serious conversation. In some circumstances, doing simple tasks will be a help in that the respondent is less aware of the length of the interview and is less likely to become restless.

Once the respondent and interviewer are comfortable, the introduction to the questionnaire should be read out. The introduction should contain some additional information about the study and the topics to be covered. The importance of the survey and any benefits of the study to the respondent and her community should be emphasized. The interviewer is advised to adopt a serious tone, that is not severe or imperious, but nevertheless makes clear that questions are being asked that require, and deserve, careful, thoughtful and accurate answers. During interviews lasting 15 minutes or more, it is helpful if both the interviewer and the respondent can occasionally relax for a moment or two. The «relaxed moments» are often planned to occur where the questionnaire changes topic; the interviewer should also be told during training, when short, friendly and encouraging remarks should be made. Most questionnaires indicate by their lay-out where the topic changes, but what the interviewer is to say will not always be written out.

9

(d) What is your position in the household?

Prompt

<input checked="" type="checkbox"/>	Mother/Wife
<input type="checkbox"/>	Oldest daughter
<input type="checkbox"/>	Grandmother
<input type="checkbox"/>	Other: State

(e) The questions I will ask will take about 20 minutes to answer. Would you mind if we go inside and sit down so that you will be comfortable?

10

When settled and comfortable, proceed

Read main introduction

11

Dr. Ashma and the Health Centre are interested in the illnesses in this district, especially those of young children, and why it is that in some villages there seems to be a lot of stomach upsets and diarrhoea. To discover the reasons, the Health Centre needs to know more about what foods are eaten, what the water used for cooking is like and the general illnesses in the families. Your community leaders, with whom this was discussed, are also very interested and so they agreed that I could visit families to get this information.

Explanations, Comments and Instructions (continued)

9. This is the first of the enquiries designed to collect information by asking the question and then prompting four familial relationships which are mutually exclusive as well as exhaustive.
10. This lets the respondent know the length of the interview in order to reduce the likelihood of impatience or adverse reactions during the interview. The request for a suitable (comfortable) interviewing environment is for the benefit of both respondent and interviewer throughout the visit. The interviewer was told that this request may sometimes need a little persuasion.
11. The paragraph was designed to encourage the respondent to participate by :
 - (a) informing her of the main reasons for the interview
 - (b) letting her know the subjects on which she will be questioned
 - (c) assuring her the interview is «authorised» and approved by the community leaders.

Personal remarks by the interviewer should be avoided, i.e. about herself or about the respondent's house or circumstances. During the breaks (pauses), the respondent may ask questions about the study or about the interviewer and these should be answered briefly and truthfully, but not in great detail. The «atmosphere» should not become excessively friendly and conversational because the respondent's mind must be kept on the questionnaire and must not be allowed to stray on to extraneous (other) matters. The interviewer should be made aware that if the conversation becomes too friendly, the respondent may give answers she thinks will please the interviewer instead of answering exactly what she thinks or knows.

3. Training in «How to Ask the Questions»

During the training sessions, the interviewer should be taught the basic methods of interviewing, the most important aspect of which is «how to ask the questions». Training should cover the points outlined below :

- (a) The aim of the questionnaire is to ensure that all respondents are given the same information and are asked the same questions under conditions as constant and as similar as it is possible to arrange. For the above reasons, no additional questions should be asked, no questions left out, or their order changed, nor should the wording and emphasis of any question be altered. Important instructions and procedures which the interviewers must observe are contained in the questionnaire and are usually printed within a box so that the interviewer can distinguish them from questions which have to be read to the respondent.

Short Pause:

12

The questions I will ask are not difficult, but if you don't understand any of them, please tell me and I will repeat them; it is really important to get correct answers.

13

I will be writing down your answers, because otherwise I may forget what you say or confuse it with what other families tell me when I visit them. I will not tell anyone else what your answers are, or show these papers to anyone; only Dr. Ashma will see your answers and those from other families so that he can study them carefully. Is this alright with you?

15

Short Pause:

14

The first questions are about the water you use for cooking and drinking.

16

Explanations, Comments and Instructions (continued)

This section of the questionnaire aimed to inform the respondent of what she could expect during the interview and to re-assure her.

12. The «pause» gives the respondent a chance to ask questions and to request more information, if she so wishes.
13. This gives reassurance that the questions are not difficult; nevertheless stress is put on the importance of understanding the questions and of giving correct answers.
14. Here the respondent is informed that her answers will be written down; reasons are given why this is necessary and assurances given as regards confidentiality. It is essential to give the explanation, as otherwise the respondent might later object and so spoil the interview.
15. This «pause» gives the respondent a second chance to ask questions **before** the interviewing really starts and also gives the interviewer a short respite (rest) to prepare for the main part of the interview.
16. The respondent is informed about the topic on which she will now be questioned. Such preliminary information not only prepares the respondent for what is to come but also re-assures her that the questions are about ordinary things : things that matter to her and her family.

- (b) Many questions start with a «pre-question»* instruction or with preliminary information **for the respondent**. The preliminary information is printed on the questionnaire and should be read out clearly and distinctly before the question is asked. The pre-question informs the respondent as to what is required and what is the topic of the questions and also gives the respondent a little time to think before answering.
- (c) The pace (speed) of speaking by the interviewer should be slow enough for the respondent to hear each word clearly yet sufficiently fast to prevent the interview from dragging (becoming tedious). Interviewers should be on the alert (look out) for any hearing difficulties the respondent may have and be prepared to adjust the loudness and intonation of their speech to meet the needs of the respondent. Interviewers should not rush (hurry) the questions. If the interviewer appears to be in a hurry, the respondent will rush the answers and thus tend to give the first answer that comes to mind instead of thinking about the question.

* As an example, in a health survey, the respondent is introduced to a new section of the questionnaire by the following preliminary (pre-question) information. :

«The questions that now follow are all about common illnesses. We want to know how you would deal with these if they occurred in your family.» It is after this preliminary information has been read out that the actual questions are put to the respondent.

1. First of all, from where do you obtain the water used for cooking and drinking, at this time of the year? Is it:

Prompt

17

- A well
- A stream or river
- A spring
- A stand pipe/piped water
- An enclosed pump

2. After our talk, I would like to see the place from where you currently take your water for cooking and drinking. Has the place a name? How do I get there?

Name: Kama well
.....

Directions: Straight down past
the big trees....

18

If difficult to find, or far, ask if someone can take you there after the interview

Explanations, Comments and Instructions (continued)

17. Note the «prompt» instruction. The interviewer is not only to read the question but is also to read the five response options. There is no «Other» option because for this district these five options are known to cover all the possibilities.
18. This obtains the information needed to enable the interviewer to visit the family's source of water later. It is at the source that the Water Inspection Form can be completed and a sample of water taken.

- (d) If the respondent does not fully understand the question, the interviewer should repeat the pre-question/preliminary information and then repeat the question. If the respondent is still unable to answer, then the safest rule is for the interviewer to record this and then go on to the next question. As a general guideline, the interviewer should avoid putting the questions into her own words.* Putting a question in different words can easily change the meaning and emphasis of that question. The interviewer may be allowed a little latitude (discretion) in explaining the meaning of words where the words are of a technical or medical nature.** Substituting alternative phrases in attitudinal, sociological or psychological enquiries is unwise and should be discouraged.
- (e) Another general rule is that interviewers should not return, at a later stage, to questions the respondent has failed to answer. To do so changes the order in which the questions are answered and thereby influences the response.

The safest rule, and the one that should be followed in most surveys, is that questions should be read to the respondent exactly as given on the questionnaire and in the same order as they appear on the form. To depart from this rule can substantially alter the interview situation; such departures from the general rule should only be considered in exceptional circumstances by very experienced survey organizers.

*Some studies employ an «in-depth» interviewing technique in which the interviewer herself formulates the next question depending upon the respondent's answers given to previous questions. Such studies are suited only to the specialist and are usually restricted to interviewing a small number of patients or special cases. It is not a general survey technique.

** Definitions are often printed on the questionnaire as a reminder to the interviewer.

3. How many women from this family usually go to fetch water each day? Is it:

Usually only one

4. At what time of day do they usually go for water?

20 Tick all times which apply; within an hour of sunrise is early morning; before sunset is towards evening

5. The distance from your source of water, is it:

more than half an hour is 'very far', less than five minutes walk is 'close by'

Explanations, Comments and Instructions (continued)

19. Note the «global» prompt instruction, i.e. an instruction that applies to several questions. Note also that questions 3, 4, and 5 establish or «measure» the effort involved in collecting water for the family.
20. Question 4 allows for «multiple responses» i.e. more than one response is possible because water can be collected at several times during the day.
21. Note that in questions 4 and 5, the boxed instructions explain and define what is meant by the terms used in the questions, such as «early morning» and «very far». This is most important because words like «far» and «early» are interpreted differently by individuals. Only by defining clearly what is meant by such imprecise words can we ensure that everyone is using these terms in the same way.

4. Training the Interviewer to Control her Reactions to the Respondent's Answers

During the training sessions, as well as during the «mock» test interviews, the following points need stressing :

The reactions of an interviewer to a respondent's answer can influence and change the behaviour of the respondent to the questions still to follow. The interviewer therefore needs to control her reactions. She must learn that communication between people is not only by what is actually said, but also by intonation (emphasis), by changes in facial expression and by hand and body movements. Typical reactions that need to be controlled are :

- 1) smiling or laughing
- 2) frowning or raising the voice in irritation
- 3) raising the eyebrows or winking the eye
- 4) shuffling the questionnaire or other papers
- 5) making encouraging or depreciatory (displeased) sounds such as a «ha», «tut-tut», or a sigh, except when this is a planned instruction
- 6) shuffling the feet or other movements indicating impatience or displeasure.

As far as possible the interviewer should remain unaffected by the respondent's answers and should try not to show any reactions or surprise. There are, however, two situations in which the interviewer may be justified in showing some reaction to the respondent's effort in answering the questionnaire.

6. What is the water like for cooking? Is it:

Always good/
acceptable

Good most times but
not always

Often objectionable/
never good

7. What does the water taste like?
Does it:

Always tastes good

Mostly tastes good,
but not always

Taste not usually good/
taste always bad

8. Are there times when you are
dissatisfied with the quality of
the water?

Yes

No

If 'No', go to 9.

22

What is it that displeases you about
the water?

Becomes murkily
when water level falls

9. Are there times when there is
insufficient water for your family?

Yes

No

23

If 'Yes' At what times of the
year is this likely to be?

.....

Explanations, Comments and Instructions (continued)

Questions 6 to 9 are designed to find out whether the family is generally satisfied with the water they get.

22. Note that the jump instruction avoids the second part of question 8 if the answer to the first part is «No».
23. Note the conditional instruction. The second part of question 9 is only to be asked if the first part is answered in the affirmative.



TM-110
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The first is when the respondent seems too ready and willing to answer «don't know» to a question. «Don't know» may be a truthful response but it can also be the respondent's way of saying she has not understood the question or it can be an attempt to complete the interview as quickly as possible. The situation may become apparent if «don't know» answers are being given very quickly and without much thought. The interviewer can then do several things, such as :

- (i) pause for a short while after receiving a «don't know» reply before going on the next question. Such a pause may encourage the respondent to think again, perhaps allowing her to reconsider and give a more thoughtful response.
- (ii) the interviewer can make a gentle encouraging remark such as «Are you sure ?» or «Do you want a moment to think about it ?» and then go on to say : «Let me read the question to you again». If there is a pre-question instruction, it should also be repeated.

The second situation in which the interviewer should show a reaction is when the respondent has clearly been trying hard to give careful answers to the questions. Here it may be appropriate for the interviewer to give some sign of encouragement and appreciation. Simple approving comments may be appropriate, such as «good» or «thank you for that information» or «that's fine». Such interviewer remarks indicate that the respondent's efforts are noticed and appreciated, without however influencing her. Of course, such laudatory (approving) remarks must not be made too frequently but only just enough to encourage the respondent to continue with the interview and to maintain a friendly atmosphere. Encouraging comments, such as «that's fine» should **not** be given if the answer is a «don't know» or the answer appears to have been hastily given as the respondent may be encouraged to continue replying in this way.

10. I would also like to know where and how you store the water used for cooking and drinking, both inside and outside your house.
24 Can you please show me where it is kept?

Is your drinking water kept separate from water for cooking?

Yes

No

Examine domestic water storage and tick as applicable

Type of Container	For cooking	For drinking	Place kept	For cooking	For drinking
Plastic	<u>Inside:</u>		
Bottles	(1) covered	.....	.....
Stone/Pottery <i>inside</i>	✓	✓	(2) uncovered	.....	.....
Tin/Drum <i>outside</i>	✓	✓	<u>Outside:</u>		
			(1) covered	.....	.....
			(2) uncovered	.....	.....

indoor pots refilled from drum as needed.

Explanations, Comments and Instructions (continued)

24. This provides preliminary (pre-question) information for the respondent and includes a request to show the interviewer where and how the water is stored.

Note :

Question 10, and also the next question 11, are designed to reveal any obvious health hazards, or lack of hygiene, in the way water is stored and used. This question requires inspection of the storage facilities and is not just a matter of asking the questions and recording the answers; it is essential for the interviewer to observe and to record what she sees.

5. Recording the Responses (Answers)

An important requirement of the interviewer is to write neatly and legibly. The use of abbreviations and short-hand should be discouraged; all too often, they cannot be read later.

The interviewer must write down, in full, the answers to open questions, thereby re-assuring the respondent that her replies are being taken seriously.

If the interviewer has difficulty in understanding the respondent, she should ask for the answer to be repeated **before** she writes it down.

Sometimes the respondent's reply does not make sense or in some way seems incorrect. In such cases the interviewer should read the answer back to the respondent who can then confirm whether or not what has been recorded is really what she meant.

The above guidelines can be shown as a flow chart. Such a chart is shown on page 56; it can be instructive to both the organizer and the interviewers.

11. In this household, is the water for drinking boiled?

PROMPT

Is it:

always boiled

sometimes boiled

never boiled

If sometimes or never boiled, go to Question 12

Whilst in this house, i.e. whilst here at home, do you, or anyone in your family, ever drink water which is not boiled?

Yes

No

PROBE

Do the children sometimes drink water
which is not boiled whilst here at home?

Yes

No

Those are all the questions about water. Is there anything else you wish to tell me about your water and any difficulties you have obtaining it?

Comments:

25

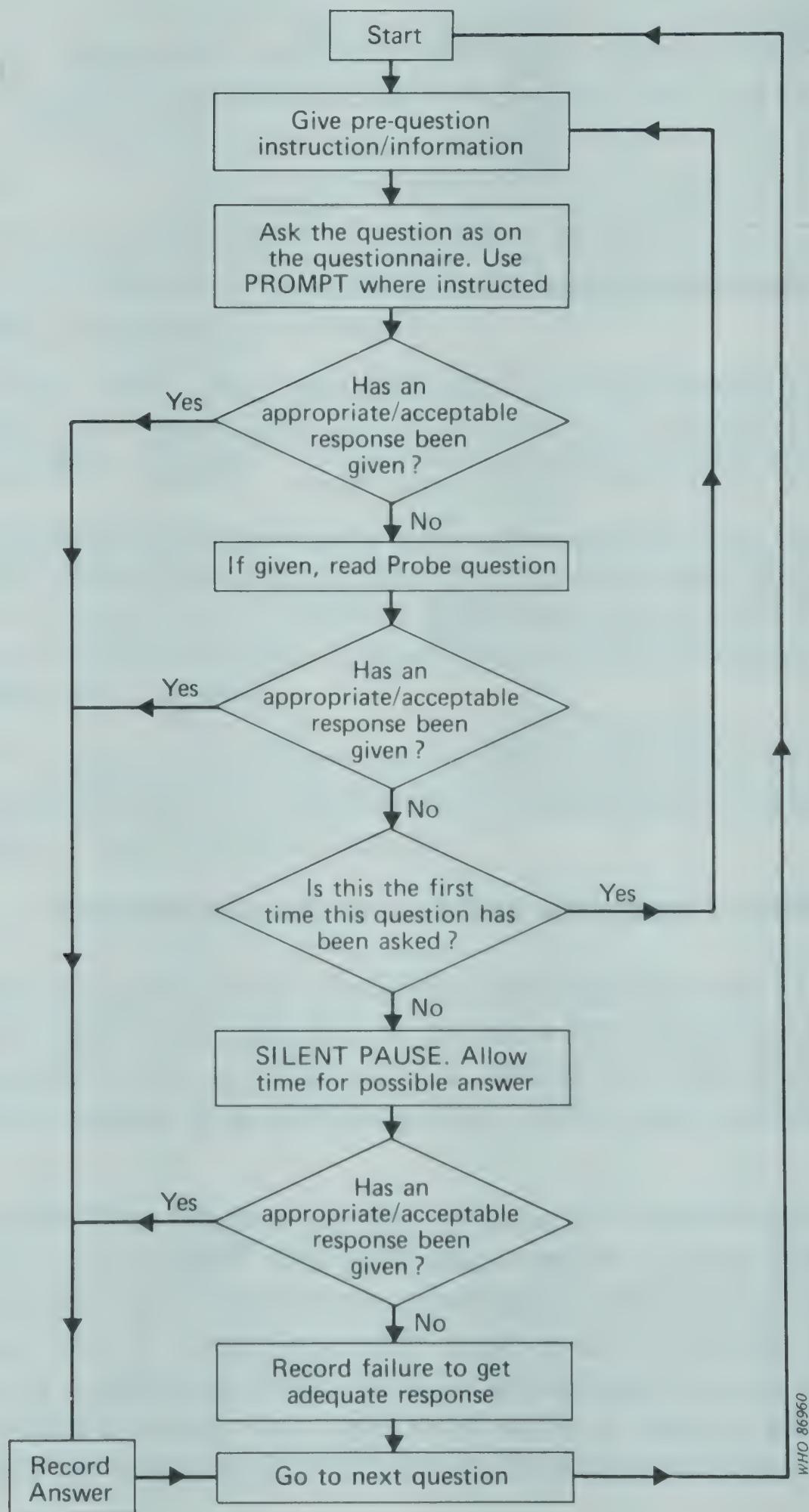
Short Pause

Explanations, Comments and Instructions (continued)

Question 11 only records what the family does as regards boiling its own drinking water and whether or not they ever drink unboiled water **within** their own home. The family may still drink unboiled water elsewhere. e.g. when visiting friends or at school or place of work.

25. The respondent is invited to comment about any other, or additional, aspects of the water they use. There is a short pause for her to do so and space for her comments to be recorded. The pause also serves as a break between topics. When the interviewer is sure there are no further comments about the water, she may indulge in some brief light conversation before going on to the next section which requires fairly intensive interviewing.

**FLOW CHART FOR A
TYPICAL QUESTION AND RESPONSE SEQUENCE**



WHO 86960

Before we go on to talk about the health of your family and about the food which you provide, I need to know how many people live here and their age.

26

I will ask you first about the young children and then go on to the others.

Record the name, sex and age of every baby, child and adult on the Household Information Sheet. Ask and record for each group and check totals before going on to the next group.

What is the name, sex and age of:-

28

27

12. Every baby under one year old?

So there are
under 1 year old. Is that correct?

...!... girls and ...0... boys

13. Every child between 1 year and less than 5 years?

So there are
of 1 year but less than 5 years.
Is that correct?

...!... girls and 0.... boys

29

Explanations, Comments and Instructions (continued)

26. This provides preliminary information so that the respondent is prepared for the type of questions that follow.
27. This is a «global» instruction applying to questions 12 to 15.
28. The name, age and sex of each person is entered (recorded) on the «Household Information Sheet» further on in the questionnaire. The names are used in later questions when the interviewer comes to enquire about family illness. Note how the respondent is reminded, in each of these questions, of the precise age group about which the interviewer is asking. The age groups used in these questions reduce the likelihood of someone being left out of the enumeration, as could easily happen in large households.
29. When the respondent claims there are no more persons in the particular age group, the interviewer is to count the number of males and females she has listed for that age group and to enter the numbers in the spaces provided. As a check, the interviewer must then ask whether or not the totals are correct. If there is any doubt, the list of names as previously given for the particular age group is read back to the respondent to see if she agrees with it.

6. Recording observations

In many surveys the interviewer is asked to note and record conditions as she sees them, but not to ask questions about them. Such questions frequently relate to aspects that may embarrass the respondent if they were put as direct questions. Typically, the interviewer may be asked to record the cleanliness of a home or of a restaurant, the respondent's attitude towards the study or to some community problem.

The observations may reflect unfavourably on the respondent, as when the interviewer thinks the home is not well managed. Where it is necessary to record such observations it should be done in an unobtrusive way so as not to attract the respondent's attention. Also, because the information may be «soft», it should be recorded in only a few categories such as «very satisfactory», «acceptable but not outstanding» and «unsatisfactory». When possible, the interviewer may prefer to make a mental note of what she has observed but record the information **shortly after** leaving the respondent;* this is another reason for limiting the categories to a small number that can be remembered easily. Another unobtrusive way of recording sensitive information is not to print the words on the questionnaire, but to use a code such as A, B and C to denote «good», «adequate» and «unsatisfactory».

* Categories such as «satisfactory» and «unsatisfactory» or «large, medium and small» mean different things to different people. What one interviewer might report as large, another might consider to be «medium». The organizer, during the training sessions, must take time to explain to the interviewers what the terms mean and how he wishes them to be used and applied. This is often done by actual examples or by pictures of the situations to which the terms apply. Unfortunately this is not always easy to do, but **clarification of the terms before the study starts is absolutely essential**. If the terms used cannot be made clear, then the categories should not be used in the questionnaire.

14. Every young person between 5 years and less than 15 years?

30

So there are females and males
between 5 years and less than 15 years.
Is that correct?

15. Every adult person, i.e. 15 years and older?

Have you included yourself?

31

So there are females and males
adults living in this household
Is that correct?

16. Add up totals and record

That makes a total of:
Is that correct?

32

..... females and males

Explanations, Comments and Instructions (continued)

30. Questions 14 and 15 continue the enumeration (listing and counting) of the number of persons belonging to the household in each of the four age groups used in the survey.
31. This is a check that the respondent has not forgotten to include herself in the enumeration.
32. Note how the lay-out of the spaces, for entering the total number of males and females in each age group, are placed vertically beneath each other to make an addition of the sub-totals easy. Note also the final check for the total number of male and female persons in the household.

Interviewer assessments and opinions of this kind must be interpreted with caution because they reflect, to some extent, the personal and subjective views of the interviewer.

7. Bringing the Interview to a Close

Immediately after the last question has been put to the respondent, it is good practice to say to the respondent something like : «That was very helpful. I hope I didn't take too much of your time. Before leaving, could I just quickly check to make sure I have asked and filled in everything I should». The interviewer now has a few moments to look through the questionnaire. If it is noticed during the checking that a question has been omitted, the omission should now be noted on the questionnaire. For some simple factual questions it may be permissible to ask the question at this stage. However, even apparently innocuous (harmless) questions can be embarrassing if asked in the wrong order. For instance, the two questions :

1. Are you married ?
2. Have you any children ?

may cause offence if asked in reverse order ! As a rule, questions should not be asked in a different order from that given in the questionnaire.

The interviewer's training must also include ways of ending the interview. The survey organizer should prepare a few sentences for the interviewer to read or say at the end. The terminating sentences will usually include :

- (1) an expression of thanks to the respondent
- (2) mentioning again the value placed on the information given and any likely benefits to the respondent
- (3) re-assurance of confidentiality
- (4) a polite farewell or expression of good wishes towards the respondent and her household.

Pause

33

I will now ask you about the health of the people living in this house. As you know, diarrhoea is often a troublesome sickness and for this reason I will start asking about it.

Use Household Information Sheet to read back to respondent, one by one, the name of the persons recorded and ask questions 17 about each of them. Answers to be recorded on the Household Information Sheet, using appropriate codes.

35

34

17. A person has diarrhoea if they have three or more loose stools in a day, i.e. in 24 hours.

(a) Has Read Name of Person had any diarrhoea during the past two weeks?

If 'Yes' During this diarrhoea was there any:

(1) blood in the stool?

Prompt (2) fever?

(3) vomiting?

Explanations, Comments and Instructions (continued)

33. For most families the enumeration of the household takes several minutes to complete and a short pause is therefore needed here. This pause is then followed by telling the respondent that the topic of the questions is changing from enumeration to health and that the interest centres, in particular, on diarrhoea.

34. A global instruction emphasising that the questions are to be asked and suitably recorded about **each** individual in the household.

35. This sentence explains to the respondent the precise meaning of diarrhoea **before** starting to ask about those who have suffered from it during the past two weeks. It is necessary because most respondents will think of diarrhoea as a few more, and looser, stools than normal. In a health study it is important that everyone understands what is meant by «diarrhoea» and that all use the term in the same way.

36. This is a two-part question. The first part is asked about everyone in the household by reading back the list of names as recorded previously. The second part is conditional on the answer to the first part. Note that in the second part the interviewer is to code **all** the complications that apply, e.g. blood, fever, vomiting. A summary of the codes is given at the bottom of the Household Information Sheets.

Training to Cope with Difficulties

Although the interviewer must be made aware of the commonly occurring survey difficulties and must be given guidelines on how to deal with them, too much emphasis must not be placed on survey problems. Serious problems are unusual and it could be misleading and discouraging to the interviewers to place excessive emphasis on such difficulties.

The following are amongst the most commonly encountered difficulties :

1. **Inability to locate the study unit or person specified.** A common solution is for the interviewer to mention this the next time she reports back to the organizer; the organizer can then arrange for someone else to find the study unit or person. If they find it, then the interviewer may be able to go out a second time to obtain the interview.
2. **The required person is not at home or has moved away.** Frequently, the interviewer will be instructed to enquire from the person answering the door, or from neighbours, if the person has moved away, and if so, what the new address is. The organizer will have to decide whether or not an interviewer should be sent to the new address. If the person is still living there but is not at home at the time, then the interviewer should try to find out when she is likely to be at home, and to leave a message indicating when she expects to call back. In some surveys it may be decided not to call back and not to go to a new address. Whatever the organizer's policy, it is important to be consistent and for the interviewers to be given clear instructions on these points.

37 (b) Did [Repeat name of person] have any other illness, different from diarrhoea, during the last two weeks?

If 'Yes' Would you please tell me briefly what this illness was and what the patient complained of?

Record on the Household Information Sheet

If person has had neither diarrhoea nor any other illness, record appropriate codes and go on to read the name of the next person.

(c) Did this patient receive any medical help during the last two weeks for his/her illness or diarrhoea? Did he/she:

(1) manage without any medical help during the past two weeks?

Prompt

(2) receive a visit from the Health Centre doctor or nurse?

(3) attend at or go to the Health Centre for treatment?

(4) see a traditional/village doctor?

38

Explanations, Comments and Instructions (continued)

37. Whilst the main emphasis of this survey is on diarrhoea, other illness is also of interest. This two-part question first enquires about other illness during the past two weeks. The description of the illness, if any, is to be recorded against the individual's name on the Household Information Sheet. Note the second part of the question is conditional on the first part being answered with a «Yes».
38. This is a conditional jump instruction that depends upon the answers to two previous questions. The purpose of the jump instruction is to avoid asking about medical help in cases where it does not apply.
39. Note the need to read out, i.e. prompt, each of the four possible responses. The last three of these responses are not mutually exclusive and more than one code can be given if two or more types of medical help were sought during the previous two weeks.

3. **The respondent is unco-operative;** nonco-operation can take three distinct forms. The respondent :
 - (i) refuses the interview altogether
 - (ii) refuses to continue the interview somewhere in the middle
 - (iii) completes the interview but it is clear that she has given careless, unreliable or untruthful answers.

The first of the above is the most common, and does not happen often with a good and skilful interviewer. However, even with the best interviewers, a few total refusals should be expected. In such cases, the interviewers should note the refusal on the questionnaire and should also record any reasons given by the respondent.

For (ii), the interviewer should record any comments made as to why the respondent declines to continue.

For (iii), the interviewer should complete the interview, if possible, even if she is fairly sure the respondent is not giving reliable answers. At the end of the interview she should then record her doubts and suspicions about the interview and should briefly indicate any answers that appear to her to be particularly suspect.

4. **A poor environment,** such as noise, disturbance or other persons being present, may influence and distract the respondent. In some surveys, a poor environment is more of a nuisance than a real, substantial difficulty. In this case, the interviewer should be told to carry on as best she can, but to ask the respondent and any others present, if something can be done to lessen the distraction. A common difficulty occurs when other persons present during the interview make unasked for replies that are not required but which affect and influence the respondent. This can be particularly damaging when the respondent's own opinions are required. The situation requires tact and politeness. However only very general guidelines can be given because the situation changes with each interview. If the conditions are quite unsuitable and beyond what can be accepted for the study, then the interviewer should

Household Information Sheet

Name	Sex	Age W/M/Y	17(a) Diar. and severity	17(b) Description of any other illness during last two weeks	17(c) Treatment sought
Bulana	F	7m	ND	NI	/
Gazelle	F	3y	D	NI	NH
Nxou	M	8y	ND	cut foot/not severe	NH
Moren	M	32y	ND	NI	/
Anna	F	27	ND	NI	/
Klara	F	56	ND	mild cough/chronic	NH

17(a)
Diarrhoea and
Severity Codes

ND = diarrhoea
not present

D = diarrhoea
present

B = with blood

F = with fever

V = with vomiting

Note: Record all
symptoms, if more
than one.

17(b)
Illness Description
Codes

NI = No illness
during past
two weeks

AP = abdominal pain
present

Other symptoms or
pains to be
described,
e.g. severe cough

17(c)
Treatment Codes:

NH = no medical help or
treatment sought

DN = called in Health
Centre nurse or doctor

HC = patient taken to
Health Centre

TD = Traditional village
doctor saw patient

Note: Record all types
of help sought

explain this to the respondent and try to arrange to call back at a more suitable time. Explaining to the respondent the kind of interviewing conditions required is often sufficient for them to be met at the time. Again, tact and politeness are all important.

5. **Deciding on «inclusions» and «exclusions»** can at times be difficult. Some surveys restrict the study to certain groups or kinds of respondents. Whether or not the required kind of respondent resides (lives) at the chosen sample address may not be known until the interview has started.* The interviewer is instructed to start the interview during which the first few questions will establish whether or not the respondent meets the survey criteria (conditions). If the conditions (criteria) are not met, then a suitable jump instruction on the questionnaire should guide the interviewer how to proceed or halt the interview.
6. **Unsuitable respondents** may sometimes cause difficulty for the interviewer. The most common form of unsuitability is ill health or some problem such as a severe speech defect, loss of hearing or mental disturbance making it impossible to conduct the interview. Occasionally there may be language difficulties as when the respondent belongs to another linguistic group. On the rare occasion when the respondent is unsuitable because of drunkenness, aggressiveness or other unacceptable behaviour, the interviewer should end the interview as politely as possible. Where appropriate, she should explain to the respondent why she is not continuing. Details of why the interview was not completed must, without fail, be recorded on the questionnaire.

* Some surveys are studies at two levels or two stages. For instance, one can imagine a study into the health of families having at least one young child. However, special interests may attach to larger families where four or more children are under the age of 10 years. In such a survey all families with at least one young child, and this includes the larger families, are interviewed in order to complete the first, initial questionnaire which establishes amongst other things, whether the family has four or more children under the age of ten. These larger families can then be asked to complete a second interview questionnaire at the time of the interviewer's visit, or an arrangement can be made for the interviewer to come back another time.

Household Information Sheet (continued)					
Name	Sex	Age W/M/Y	17(a) Diar. and severity	17(b) Description of any other illness during last two weeks	17(c) Treatment sought
<u>17(a)</u> <u>Diarrhoea and Severity Codes</u> ND = diarrhoea not present D = diarrhoea present B = with blood F = with fever V = with vomiting			<u>17(b)</u> <u>Illness Description Codes</u> NI = No illness during past two weeks AP = abdominal pain present Other symptoms or pains to be described, e.g. severe cough	<u>17(c)</u> <u>Treatment Codes:</u> NH = no medical help or treatment sought DN = called in Health Centre nurse or doctor HC = patient taken to Health Centre TD = Traditional village doctor saw patient	
Note: Record all symptoms, if more than one.			Note: Record all types of help sought.		

Explanations, Comments and Instructions (continued)

40. These columns are filled in during the enumeration of the household, i.e. whilst answering questions 12 to 16. When the interviewer gets to question 17, the names are read back to the respondent and the diarrhoea «and other illness» questions are asked about each person on the list.
41. The information obtained on diarrhoea and illness is recorded as instructed, using the codes given at the bottom of the Household Information Sheet (see previous page). Note that the possible responses in columns 17(a), 17(b) and 17(c) are not mutually exclusive; more than one can apply.

Checking and Reporting Back

Interviewers, like other people, often imagine they will remember important details of a conversation days and possibly weeks afterwards. Most people find this is simply not true. The organizer must insist that at the **end of every interview** the interviewer spends a few minutes checking the questionnaire and adding any comments and observations she wishes to make about the person or family she has just visited. Checking after each interview is even more important when the interviewer does several interviews each day. Unless checking is done after each interview, comments and observations are likely to be entered on the wrong questionnaire.

Some survey organizers provide the interviewer with a short assessment form to be filled in by the interviewer immediately after she has concluded the interview and has left the respondent's house. A typical example of an assessment form is given on page 70.

This particular assessment form concentrates on the conditions under which the interview is held. The presence of other persons can be distractive and lead to responses that would not have been given had the respondent been seen under different circumstances or on her own.

In some medical or psychiatric studies, assessment forms are used separately from the interview questionnaires, to record the doctor's opinions and impressions concerning the respondent or patient. Such forms are likely to concentrate on the informant's characteristics in greater detail than is done in the form shown here. The questions about the interview environment might be reduced or left out in medical or psychiatric studies. The assessment form, as with all types of forms, must reflect the aims of the study and the use that will be made of the recorded information.

These are all the questions I need to ask you about illness. Is there anything you would like to say about health problems in your family or about obtaining medical attention when you need it?

42

Comment: Klara's cough has lasted for more than two years; she won't go to see a doctor. It doesn't trouble her much.

Short Pause

43

I would now like to ask you about the kind of food you and your family eat. You may have to think about some of the questions, but please take your time, I am not in a hurry.

44

If no children under one year, go to Question 19

Explanations, Comments and Instructions (continued)

42. The respondent is clearly told that the section on diarrhoea and «other illnesses» is now at an end. She is invited to make her own comments on any health problems and on medical care; space for comments is provided.
43. Because the illness section is now complete, this is a suitable point at which to pause for a little before providing the respondent with information about the next topic in the questionnaire.
44. This is another conditional jump instruction to avoid questions that do not apply.

ASSESSMENT OF INTERVIEW

SURVEY NUMBER

1073

I Others Present During Interviews:

No

Husband/Partner

Other Adults) Record total
Children) number seen

II Other distractions during interview:

No distractions

Visitors

Noise of radio/band etc.

Noise of others outside
interview situation

Other distraction,

Specify

III Interviews affected by others present and distractions:

Not affected

Moderately affected

Severely affected

IV Informant characteristics.

Very co-operative

Quite co-operative

Not co-operative;
a quite difficult interview

Nervous respondent

Physical disability, specify,
e.g. speech/sight/hearing/lame.

.....

V Housing assessment: above average average below average

VI Interviewer's Comments: *A satisfactory interview*

Interviewer's Signature: *A. Goch* Date: *9/8/86*

Let me start by asking about the food you give your very young children, those under one year old.

45

18. (a) What kinds of milk do the babies take?

Prompt

Tick all kinds given

46

Breast

Cows

Goats

Powdered

Tinned

If 'Cows' or 'Goats' milk

(b) How do you give this milk to the babies?

Is it:

Always heated hot before use

Just heated warm, not hot

Given without heating

47

If 'Powdered' or 'Tinned' milk

(c) Is the water you use for mixing the feed boiled?

Is it:

Prompt

Always boiled

Usually boiled, but not always

Not usually boiled

Explanations, Comments and Instructions (continued)

45. This is preliminary information for the respondent before going on to questions 18(a), (b) and (c).
46. Multiple responses are possible and all the kinds of milk that are fed to the young children must be ticked.
47. These are each conditional instructions to ensure that the questions will only be asked if the particular kinds of milk are used.

«Reporting back meetings», i.e. regular meetings between the organizer and the interviewer are essential and should not be difficult to arrange for small surveys carried out within a moderately sized geographical area or community. The purpose of reporting back is chiefly to :

- (i) Receive all the questionnaires from the interviewers, including those from refusals and partially completed interviews.
- (ii) Allow the organizer and interviewer to check over the completed questionnaires together. Poor handwriting, an abnormal number of refusals or interviews not completed are signs that the interviewer may need more advice and guidance or even some more training.
- (iii) Give the interviewer the opportunity to discuss with the organizer any difficulties she may have encountered, such as not locating a family, meeting some hostility or refusals.

(d) Do the babies have anything else to eat, other than the milk I have asked you about?

Yes
No

48

If YES, record each item:

maize porridge.....
sometimes boiled egg, soft
or mashed.....

49

19. I will now ask about the foods the children over one year, and the adults eat.

50

As children, especially young children, sometimes eat different foods from adults, I will ask you about the young children's food first, then about the older children, then about the adults and lastly about yourself. The young babies under one year are not included in these questions.

What did the young children, those between one and five years, eat yesterday? I only want to know about yesterday.

Do not Prompt; Record the foods mentioned in 'Table of Food Eaten Yesterday', e.g. dried fish/ cooked meat/ raw fruit/ etc.

51

Explanations, Comments and Instructions (continued)

48. Because some babies, after the first few months, are fed other foods besides milk, the respondent is given an opportunity to talk about these foods.
49. The purpose of this sentence is to tell the respondent that the questions are now moving away from the under one-year olds (if there are any in this household) to what the other children and adults eat.
50. This preliminary information forewarns the respondent that the following questions will be asked, separately, for each age group.
51. The interviewer is reminded **not** to prompt any answers so as not to lead the respondent into mentioning foods she herself has not remembered. The interviewer must make clear, by her emphasis when reading the question, that the enquiry is only about the foods eaten **yesterday**.

Practice Interviews

There is no substitute for preliminary practice interviews. Such practice interviews will quickly train the interviewers to apply the advice and instructions they have been given during the earlier training sessions.

Practice interviews are generally of two kinds. First, there is the «mock» interview which interviewers can practice among themselves, with the organizer and with other staff and friends. As far as is possible, the «mock» interviews should be observed by the organizer or other more experienced interviewers, who can comment on and point out ways of improving the trainee's interviewing style. In particular, the mock interviews allow the trainee to practice the wording and phrasing of the more important parts of the interviewer's «talk» and to use pauses, encouraging remarks and facial expression, all of which may be commented upon later.

A second kind of practice interview is possible when the pilot study is undertaken. A pilot study is a small, miniature survey carried out under conditions and in an environment similar to those expected in the real, full scale survey. During the pilot study the interviewer has her first chance to look for an address using a map and an address list similar to the one she will later be given for the proper survey. She will need to find the place, speak to the person answering the door, establish whether this is the «right» respondent, persuade the respondent to agree to the interview, conduct the interview, fill in the forms and check back with the organizer. In short, she will practice all the things she will do during the field survey. The «pilot study» test interview should, of course, only be undertaken **after** several mock interviews have been done and not before the trainee interviewer is familiar with the questionnaire and the organizer's instructions.

Quite apart from the valuable training experience for the interviewer, her experiences during the pilot study are also most instructive for the survey organizer. The pilot study stage provides the last opportunity for altering any aspects of the survey organization and for making any last minute changes to the questionnaire or the instructions to the interviewers.

52

Table of Foods Eaten Yesterday

(I) children 1 yr. less than 5 years	(II) children 5 yrs. less than 15 years	(III) Adults 15 yrs. and older	(IV) Respondent
maize porridge	✓	✓	53
milk	✓	no milk	no milk
ba, milk, sugar	✓	✓	✓

Read back list of foods given and record
any new items mentioned after probing

54

Probe as appropriate:

- (i) Did they have anything else yesterday during the: Morning: Afternoon: Evening?
- (ii) What did they have while they were at School/work?
- (iii) Is there anything else this group had yesterday?

55

Repeat Question 19 for each of the other age groups and record
in the appropriate column of the 'Table of Foods Eaten Yesterday'

Explanations, Comments and Instructions (continued)

52. Each age group has its own column for recording the foods eaten yesterday. The respondent has a separate column of her own because she is likely to remember her own meals best; this may remind her, without prompting, of some of the foods the others had.
53. The number of rows has been reduced to allow room for comments; see the appendix for the full lay-out.
54. At this stage **probing** begins by first reading back the foods mentioned and then asking the questions under (i), (ii) and (iii). Note that these probings are designed to help recall (memory) without actually suggesting any foods by name or type.
55. The interviewer was expected to re-word question 19 appropriately so that it could be repeated for each age group. Particular attention was paid to the re-wording during the practice interviews.

Field Work Monitoring

Monitoring, i.e. watching what takes place as the survey is in progress, is especially important in large surveys using several interviewers and covering a large area or community or when the survey continues for a long time, say more than three or four months. However, even in small studies, monitoring can be useful for the following reasons :

- (i) the organizer can check whether the instructions are being carried out;
- (ii) the organizer obtains additional «feed back» and can learn what the interviewing conditions, which may be different from what was imagined when the study was planned, are really like. If, for some reason, conditions change during the course of the field work, then the organizer has more and better information on which to re-organize certain aspects of the study to meet these situations;
- (iii) some interviewers change their style and approach to interviewing the longer they are «in the field», and some of the changes in style and method may not be acceptable to the organizer. The sooner the organizer becomes aware of such changes the sooner they can be discussed with the interviewer;
- (iv) as with all skilled work, some people are better at doing it than others. Some people will never be competent (good) at interviewing, a fact that may not have been realised during the selection and training of the interviewer, but one that manifests (shows) itself during the field work. Such interviewers, if their work is poor, will need to be retrained, or in serious cases, taken off the job.

20. I am also interested in what was eaten during the past week. It may be a little more difficult for you to remember but I will help you by reading out the names of some foods.

56

Prompt name of food (general heading only) and ask whether foods of this kind were eaten during the last seven days.

If 'Yes', then:

(i) Ask what type or kind, if appropriate, and record under (a)

(ii) Ask questions in columns (b), (c) and (d) and code appropriately.

57

If 'No', then:

Ask whether 'Sometimes Eaten' and record in column (e)

	If 'YES' to (a)				If 'NO' to (a)
(a)	(b)	(c)	(d)	(e)	
In the past 7 days, did your family have any:	How was this food eaten? Cooked = C Raw/Fresh = R	On how many days did they have this food last week?	Who ate it? Was it: Everyone = E Children <5 = YC Child. 5<15 = OC Adults 15+ = A	Does the family sometimes have this food? Yes = Y No = N	
<u>Green Vegetables</u>					Y
<u>Root Vegetables</u> <u>potatoes, carrots</u>	<u>cooked</u>	3	E		

Explanations, Comments and Instructions (continued)

56. This is preliminary information emphasising to the respondent that the time being asked about, is the last seven days and not just yesterday. Re-assurance is given that she will be helped to remember by the reading out of names of particular foods.
57. These are instructions explaining that columns (b), (c) and (d) apply only if a particular food was eaten during the past seven days, otherwise column (e) is used.
58. Interviewers were told that «past seven days» includes «yesterday» the day dealt with in question 19. This is an additional aid to answering question 20 as the respondent will still remember the information she gave when replying to the previous question. The interviewer was however told not to mention or refer back to anything the respondent said at question 19.
59. These codes are printed here to remind the interviewer as there are too many to be easily memorised.
60. These are two of the listed food items. For the full list of foods, including an «Other foods» category, see the complete questionnaire as set out in the Appendix.

Occasionally, interviewers actually cheat (are dishonest) and fill in all, or at least part of, the questionnaire «out of their own head», i.e. they do not conduct a proper interview at all but fill in the questionnaire as if they had. This is unusual, but it can happen !

- (v) the serious and interested interviewer will appreciate a degree of monitoring because it is easier to discuss difficulties and experiences with an organizer who has first hand experience of interviewing under local conditions. A good worker welcomes the opportunity to learn from her mistakes and so improve her performance. The organizer, of course, will need to be tactful and considerate when discussing interviewing performance with the individual interviewers.

Is there anything else you want to tell me about food and what your family eats?

Comments:

61

Meat is too expensive; fresh

vegetables are difficult to get, so it is usually dried beans and peas.

These are all the questions I need to ask you, but I will just quickly check I haven't missed anything.

Check Questionnaire

62

Thank you for your help. I hope I have not taken up too much of your time. The information you have given me will be kept confidential. As you know, the Health Centre is collecting this information so that it can improve its health services to the community and this will benefit everybody, including your family.

If there are any ill persons at present in the family, or you have been told of some other misfortune the family is experiencing, then make appropriate, sympathetic comment.

64

65

Goodbye.

Name of Interviewer:

F. Mogomotsi

Date:

66

10 July

Explanations, Comments and Instructions (continued)

61. This is an invitation to the respondent to comment generally on the foods available to her family; there is space for her comments.
62. This informs the respondent that the interview is coming to an end and it also reminds the interviewer to check through her questionnaire **before** leaving.
63. These are the standard «farewell» words read to all respondents.
64. A reminder to the interviewer that she may need to say something additional, appropriate to the situation of the family. She may also have to report severe or contagious illness to the Health Centre although she should not herself become involved in any treatment except in cases of the utmost urgency.
65. The signature is required for two reasons :
 - (i) the organizer can refer any later queries to the interviewer responsible for this interview.
 - (ii) the signature implies an assurance from the interviewer that she considers the interview to have been conducted as instructed.
66. The date on this page of the questionnaire is important information as it records the time of year to which the questions relate on water, food and health. The need to record the date a second time arises because the date on the first page of the questionnaire is «lost» to analysis when the first page is removed to ensure the anonymity of the respondent.

Monitoring Methods

There are basically two kinds of monitoring that can be introduced, namely :

- (a) statistical checks
- (b) checking with the respondents.

(a) Statistical Checks

Statistical checks again divide into two kinds which are :

- (i) consistency checks
- (ii) group comparison checks.

(i) Consistency Checks

Consistency checks involve looking critically at each interviewer's returns (filled in questionnaires) and seeing whether or not some of the answers recorded are unusual or inconsistent (contradict) with answers given elsewhere in the questionnaire. By itself, this is not usually a reliable check because the inconsistency may be due to the respondent giving inconsistent or unlikely answers. However, unlikely or inconsistent answers, if due to the respondents, will also occur with the other interviewers as well. If, however, one interviewer is returning questionnaires with unlikely and inconsistent answers in much greater numbers than are the other interviewers, then the reason should be discussed with the interviewer.

Another simple guide is to look at the «quality» of replies to open-ended questions. Sometimes interviewers can be too prolific in writing down answers by giving their own interpretations to a respondent's short reply in order to make it look good. The reverse can happen with the lazy interviewer who summarises too much and therefore omits important parts of the replies.

Food Preparation

Observation Form

Survey
Number 0271

	Not seen	A	B	C
Metal Pans/Pots	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettles, drums - for boiling water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation Utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bowls, plates, knives, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General condition of cooking and preparation area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General condition of house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not seen Yes No

Fruit, vegetables washed
before using

Interviewer's Comments: A well run home, but should
be more careful about its drinking water

Food Preparation Observation Form

Explanations, Comments and Instructions

This form records the interviewer's impression of hygiene and cleanliness in the home and, in order to cause no possible offence, was completed shortly **after** the visit. The delay, of course, meant relying on the interviewer's memory and therefore the form had to be kept short and simple.

67. The codes here denote :

A = very good; B = average; C = poor/inadequate

Coding is used to avoid giving offence should a member of the family or an unauthorised person accidentally see the form. As a further precaution to ensure confidentiality, the family's name and address are **not** shown on this form - only their survey number is given.

(ii) Group Comparison Checks

Group comparison checks are usually the more reliable of the two statistical checks because the individual interviewer's performance, in terms of the number of inconsistencies, refused interviews, uncompleted interviews and so on, is compared with the similar performance for all the interviewers. If the inconsistencies and omissions are much greater for one or two interviewers, then the reason should be sought. However, group comparisons are reliable indicators of an individual's poor performance only if many interviewers are employed. Group comparisons are not reliable indicators of individual performance when only two or three interviewers are involved in a study.

(b) Checking with the Respondents

Monitoring the actual interview performance can be carried out even in quite small studies, but it is time consuming. Interview monitoring usually consists of the organizer or a senior interviewer visiting a small random sample of those respondents already interviewed. The re-visited respondents can then be asked how they felt about the previous interview and whether, in the light of that experience, they were satisfied or not, whether or not they became interested in the study and so on. The respondents can also be asked a few additional questions as well as some of the same questions the previous interviewer had already asked; the two answers can later be compared. The complete questionnaire cannot, as a rule, be given a second time. A few differences between first and second interview answers should come as no surprise because the respondent may have changed her mind or because the questions were asked slightly differently the second time. However, if in some interviews there are many disagreements between first and second interview answers, then steps should be taken to find out why this is so.

Some Interviewer Reactions and Experiences

Finding the allocated family initially proved more time consuming than expected, but speeded up considerably as the nurses became ever more familiar with the villages and the community.

Fatigue was more of a problem than had been expected. To visit one family a day and then to inspect the source of the water was generally not tiring unless the source was some distance away, which was not usually the case. However, by the time the study reached the eleventh and twelfth months, the interviewers had become somewhat tired of going out to interview every other week. Like everyone else, when required to do similar tasks for a long period, they wished for a change. Some eight months later, when the survey report was ready, they had again become keen and interested and were now suggesting a survey on child birth and baby care.

Respondents, too, showed signs of fatigue towards the end of the interview. The questions on household composition, foods eaten and ill-health were fairly long and required the respondent to remember things of a week ago for the nutritional questions and two weeks back for ill-health.

The interviewers found the questions on food and ill-health, when relating to the children, relatively straightforward (easy). The respondent was nearly always the mother and she was willing to talk about the children's food and their illnesses in some detail. More uncertainty and hesitation was noticeable when respondents came to the same questions about the adults. Respondents seemed a little surprised at the survey definition of an adult. The questionnaire said everyone over 15 years was an adult, but to some respondents a person of 15 or 16 years was still an adolescent, perhaps causing some inconsistency in the answers. The food questions, in particular, were more difficult to answer for adults, especially for the men. The adult men did not always come home in the middle of the day and sometimes went out with their friends in the evening. There was uncertainty as to what the men ate and drank when not at home. There was also some difficulty with

In conclusion :

In an interview survey, the organizer relies on the interviewer to collect the data he requires, given a well designed questionnaire.

The interviewer is trained to guide and assist respondents throughout the interview in order to obtain full and reliable answers. Similarly the organizer must guide his interviewers through the training programme so that they appreciate both the value of, and the reasons for the methods used to get good interviews.

mild illness amongst the adults. The respondent often did not know about mild diarrhoea and lesser illness amongst the adults, either because she had forgotten or had never been told.

Despite the respondent's hesitation, the questions on illness were dealt with quickly because in nearly all households visited, only a few people were reported as having been ill during the past two weeks. Most households had either no illnesses in that period or had less than four ill persons.

The food questions, although they appear long and complicated on the questionnaire, were also answered quickly by most respondents because the food prepared for the adults was frequently also eaten by the respondent and by the older children and even by many of those under five years old. As a result, question asking and recording progressed quickly.

Only one refusal to be interviewed was encountered at a hut occupied by a single old lady who was known to be difficult and who also quarrelled with her neighbours and the other villagers. The interviewers were repeatedly advised not to go to her hut. The villagers could not understand why some other family, «sensible people» as they were called by the villagers, could not be visited instead. Once a family had been drawn into the sample, the sampling «no substitution» rule did not permit any replacement, even if it turned out to be a difficult case.

On one occasion, a nurse fell crossing a field and cut her knee causing her to be delayed in getting to the village. However she managed to get the interview, although it was just after the midday meal and not during the preparations for lunch.

Looking back, Dr. Ashma was satisfied with the survey. Mistakes had been made and some unexpected difficulties encountered, but everyone, including the nurses and the community, had learnt from the study. They had all come to know each other better. The Health Centre now had a lot of valuable and interesting information that would not have become available without the survey.

APPENDIX

THE COMPLETE QUESTIONNAIRES (as discussed in the text)

- (1) Family Interview Questionnaire**
- (2) Food Preparation Form**
- (3) Water Inspection Form**

Family Interview Questionnaire

Name of Town/Village:

Name of Family: Date of Visit:

Address/Other Identification:
.....

Interviewer's Opening Remarks

Good Morning

- (a) I am from the Health Centre. Dr. Ashma, who is in charge of the Health Centre has discussed with your community leaders the need to know more about the water supply and the health of the community; they have agreed that I visit your family.
- (b) I would like to speak to the woman in this household who does a lot of the cooking.

Do you do a lot of the cooking?

If 'Yes', go to (d)

If 'No', "Could I please speak to someone who does?"

When the person asked for comes, then go back to (a)
followed by (c)

- (c) Do you do much of the cooking for this household?

If 'Yes', go to (d).

It is important for me to speak to someone who does do a lot of the cooking. I would like to come back when this is possible. When would that be?
.....

Now terminate the interview, making clear you will return at the suggested time.

Survey Number

(d) What is your position in the household?

Prompt

Mother/Wife
 Oldest daughter
 Grandmother
 Other: State

(e) The questions I will ask will take about 20 minutes to answer. Would you mind if we go inside and sit down so that you will be comfortable?

When settled and comfortable, proceed

Read main introduction

Dr. Ashma and the Health Centre are interested in the illnesses in this district, especially those of young children, and why it is that in some villages there seems to be a lot of stomach upsets and diarrhoea. To discover the reasons, the Health Centre needs to know more about what foods are eaten, what the water used for cooking is like and the general illnesses in the families. Your community leaders, with whom this was discussed, are also very interested and so they agreed that I could visit families to get this information.

Short Pause:

The questions I will ask are not difficult, but if you don't understand any of them, please tell me and I will repeat them; it is really important to get correct answers.

I will be writing down your answers, because otherwise I may forget what you say or confuse it with what other families tell me when I visit them. I will not tell anyone else what your answers are, or show these papers to anyone; only Dr. Ashma will see your answers and those from other families so that he can study them carefully. Is this alright with you?

Short Pause:

The first questions are about the water you use for cooking and drinking.

1. First of all, from where do you obtain the water used for cooking and drinking, at this time of the year? Is it:

Prompt

- A well
- A stream or river
- A spring
- A stand pipe/piped water
- An enclosed pump

2. After our talk, I would like to see the place from where you currently take your water for cooking and drinking. Has the place a name? How do I get there?

Name: Directions:

.....

If difficult to find, or far, ask if someone can take you there after the interview

Prompt Questions 3 to 7

3. How many women from this family usually go to fetch water each day? Is it:

Usually only one

Two

More than two

4. At what time of day do they usually go for water?

Early mornings

During day

Towards evening

Tick all times which apply; within an hour of sunrise is early morning; before sunset is towards evening

5. The distance from your source of water, is it:

Very far

Not very far

Close by

more than half an hour is 'very far', less than five minutes walk is 'close by'

6. What is the water like for cooking? Is it:

Always good/
acceptable

Good most times but
not always

Often objectionable/
never good

7. What does the water taste like?
Does it:

Always tastes good

Mostly tastes good,
but not always

Taste not usually good/
taste always bad

8. Are there times when you are dissatisfied with the quality of the water?

Yes
No

If 'No', go to 9.

What is it that displeases you about the water?

.....

9. Are there times when there is insufficient water for your family?

Yes
No

If 'Yes' At what times of the year is this likely to be?

10. I would also like to know where and how you store the water used for cooking and drinking, both inside and outside your house. Can you please show me where it is kept?

Is your drinking water kept separate from water for cooking?

Yes

No

Examine domestic water storage and tick as applicable

Type of Container	For cooking	For drinking	Place kept	For cooking	For drinking
Plastic	Inside:		
Bottles	(1) covered .....	.....	.....
Stone/Pottery	(2) uncovered .....	.....	.....
Tin/Drum	Outside:		
			(1) covered .....	.....	.....
			(2) uncovered .....	.....	.....

11. In this household, is the water for drinking boiled?

PROMPT

Is it:

always boiled

sometimes boiled

never boiled

If sometimes or never boiled, go to Question 12

Whilst in this house, i.e. whilst here at home, do you, or anyone in your family, ever drink water which is not boiled?

Yes

No

PROBE

Do the children sometimes drink water which is not boiled whilst here at home?

Yes

No

Those are all the questions about water. Is there anything else you wish to tell me about your water and any difficulties you have obtaining it?

Comments:

Short Pause

Before we go on to talk about the health of your family and about the food which you provide, I need to know how many people live here and their age.

I will ask you first about the young children and then go on to the others.

Record the name, sex and age of every baby, child and adult on the Household Information Sheet. Ask and record for each group and check totals before going on to the next group.

What is the name, sex and age of:-

12. Every baby under one year old?

So there are girls and boys under 1 year old. Is that correct?

13. Every child between 1 year and less than 5 years?

So there are girls and boys of 1 year but less than 5 years.
Is that correct?

14. Every young person between 5 years and less than 15 years?

So there are females and males between 5 years and less than 15 years.
Is that correct?

15. Every adult person, i.e. 15 years and older?

Have you included yourself?

So there are females and males adults living in this household
Is that correct?

16. Add up totals and record

That makes a total of: females and males
Is that correct?

Pause

I will now ask you about the health of the people living in this house. As you know, diarrhoea is often a troublesome sickness and for this reason I will start asking about it.

Use Household Information Sheet to read back to respondent, one by one, the name of the persons recorded and ask questions 17 about each of them. Answers to be recorded on the Household Information Sheet, using appropriate codes.

17. A person has diarrhoea if they have three or more loose stools in a day, i.e. in 24 hours.

(a) Has Read Name of Person had any diarrhoea during the past two weeks?

If 'Yes' During this diarrhoea was there any:

(1) blood in the stool?

Prompt (2) fever?

(3) vomiting?

(b) Did Repeat name of person have any other illness, different from diarrhoea, during the last two weeks?

If 'Yes' Would you please tell me briefly what this illness was and what the patient complained of?

Record on the Household Information Sheet

If person has had neither diarrhoea nor any other illness, record appropriate codes and go on to read the name of the next person.

(c) Did this patient receive any medical help during the last two weeks for his/her illness or diarrhoea? Did he/she:

(1) manage without any medical help during the past two weeks?

Prompt (2) receive a visit from the Health Centre doctor or nurse?

(3) attend at or go to the Health Centre for treatment?

(4) see a traditional/village doctor?

Household Information Sheet

Name	Sex W/M/Y	17(a) Diar. and severity	17(b) Description of any other illness during last two weeks	17(c) Treatment sought
<u>17(a)</u> <u>Diarrhoea and Severity Codes</u>	<u>17(b)</u> <u>Illness Description Codes</u>	<u>17(c)</u> <u>Treatment Codes:</u>		
ND = diarrhoea not present D = diarrhoea present B = with blood F = with fever V = with vomiting	NI = No illness during past two weeks AP = abdominal pain present Other symptoms or pains to be described, e.g. severe cough	NH = no medical help or treatment sought DN = called in Health Centre nurse or doctor HC = patient taken to Health Centre TD = Traditional village doctor saw patient		
<u>Note:</u> Record all symptoms, if more than one.	<u>Note:</u> Record all types of help sought			

Household Information Sheet (continued)

Name	Sex Age W/M/Y	17(a) Diar. and severity	17(b) Description of any other illness during last two weeks	17(c) Treatment sought

**17(a)
Diarrhoea and
Severity Codes**

ND = diarrhoea
not present

D = diarrhoea
present

B = with blood

F = with fever

V = with vomiting

Note: Record all
symptoms, if more
than one.

**17(b)
Illness Description
Codes**

NI = No illness
during past
two weeks

AP = abdominal pain
present

Other symptoms or
pains to be
described,
e.g. severe cough

**17(c)
Treatment Codes:**

NH = no medical help or
treatment sought

DN = called in Health
Centre nurse or doctor

HC = patient taken to
Health Centre

TD = Traditional village
doctor saw patient

Note: Record all types
of help sought

These are all the questions I need to ask you about illness. Is there anything you would like to say about health problems in your family or about obtaining medical attention when you need it?

Comment:

.....
.....

Short Pause

I would now like to ask you about the kind of food you and your family eat. You may have to think about some of the questions, but please take your time, I am not in a hurry.

If no children under one year, go to Question 19

Let me start by asking about the food you give your very young children, those under one year old.

18. (a) What kinds of milk do the babies take?

Prompt

Tick all kinds given

- Breast
- Cows
- Goats
- Powdered
- Tinned

If 'Cows' or 'Goats' milk

(b) How do you give this milk to the babies?

Is it:

Prompt

- Always heated hot before use
- Just heated warm, not hot
- Given without heating

If 'Powdered' or 'Tinned' milk

(c) Is the water you use for mixing the feed boiled? Is it:

Prompt

Always boiled

Usually boiled, but not always

Not usually boiled

(d) Do the babies have anything else to eat, other than the milk I have asked you about?

Yes

No

If YES, record each item:

.....

.....

.....

19. I will now ask about the foods the children over one year, and the adults eat.

As children, especially young children, sometimes eat different foods from adults, I will ask you about the young children's food first, then about the older children, then about the adults and lastly about yourself. The young babies under one year are not included in these questions.

What did the young children, those between one and five years, eat yesterday? I only want to know about yesterday.

Do not Prompt; Record the foods mentioned in 'Table of Food Eaten Yesterday', e.g. dried fish/ cooked meat/ raw fruit/ etc.

Table of Foods Eaten Yesterday

(I) children 1 yr. less than 5 years	(II) children 5 yrs. less than 15 years	(III) Adults 15 yrs. and older	(IV) Respondent

Read back list of foods given and record
any new items mentioned after probing

Probe as appropriate:

- (i) Did they have anything else yesterday during the: Morning: Afternoon: Evening?
- (ii) What did they have while they were at School/work?
- (iii) Is there anything else this group had yesterday?

Repeat Question 19 for each of the other age groups and record
in the appropriate column of the 'Table of Foods Eaten Yesterday'

20. I am also interested in what was eaten during the past week. It may be a little more difficult for you to remember but I will help you by reading out the names of some foods.

Prompt name of food (general heading only) and ask whether foods of this kind were eaten during the last seven days.

If 'Yes', then:

(i) Ask what type or kind, if appropriate, and record under (a)

(ii) Ask questions in columns (b), (c) and (d) and code appropriately.

If 'No', then:

Ask whether 'Sometimes Eaten' and record in column (e)

(a)	If 'YES' to (a)				If 'NO' to (a)
	(b)	(c)	(d)	(e)	
In the past 7 days, did your family have any:	How was this food eaten? Cooked = C Raw/Fresh = R	On how many days did they have this food last week?	Who ate it? Was it: Everyone = E Children <5 = YC Child. 5<15 = OC Adults 15+ = A		Does the family sometimes have this food? Yes = Y No = N
<u>Green Vegetables</u>					
<u>Root Vegetables</u>					
<u>Fruit/Nuts</u>					
<u>Maize/</u>					
<u>Other Cereals</u>					
<u>Eggs</u>					
<u>Meat</u>					

Continuation of Food Table

(a) In past 7 days, did your family have any:	(b) Cooked = C Raw/Fresh = R	If 'Yes' to (a)		(e) 'Sometimes' Yes = Y No = N
		(c) On how many days?	(d) Everyone = E Child. <5 = YC Child.5<15 = OC Adults 15+ = A	
<u>Fish</u>				
<u>Pulses</u>				
<u>White Bread</u>				
<u>Brown Bread</u>				
<u>Fresh Milk</u>				
<u>Sour Milk</u>				
<u>Other foods:</u> Specify				

Is there anything else you want to tell me about food and what your family eats?

Comments:

.....

These are all the questions I need to ask you, but I will just quickly check I haven't missed anything.

Check Questionnaire

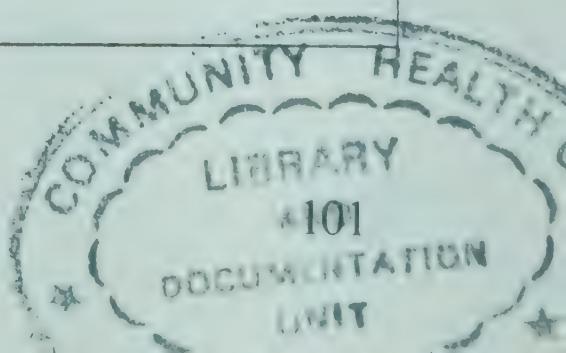
Thank you for your help. I hope I have not taken up too much of your time. The information you have given me will be kept confidential. As you know, the Health Centre is collecting this information so that it can improve its health services to the community and this will benefit everybody, including your family.

If there are any ill persons at present in the family, or you have been told of some other misfortune the family is experiencing, then make appropriate, sympathetic comment.

Goodbye.

Name of Interviewer: Date:

TM-110
06097 11/86



Food Preparation

Observation Form

Survey
Number

	Not seen	A	B	C
Metal Pans/Pots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettles, drums - for boiling water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation Utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowls, plates, knives, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General condition of cooking and preparation area	<input type="checkbox"/>			
General condition of house				

	Not seen	Yes	No
Fruit, vegetables washed before using	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer's Comments:
.....
.....

Water Inspection Form

Survey
Number

Town/Village:

Main Current Source of Water:

Date:

Well Stand Pipe/
 Stream/river Piped Water

Time starting:

Time arriving:

Spring

Enclosed
Pump

Time to walk
to source:

Was the Source Inspected?:

Yes

No

If 'No', state reasons under comments and sign

1. Refuse near source?

Yes No

5. Is water discoloured?

Yes No

2. Animals close to source?

Yes No

6. Does water smell?

Yes No

3. Sewerage near source?

Yes No

7. Floating/submerged debris?

Yes No

4. Trees/Vegetation overhanging?

Yes No

8. Sample of water taken?

Yes No

Comments:

Name of Interviewer:

Notes

